

https://dspace.org/

How Undergraduate Students at the University of Witwatersrand Make Meaning of Non -Disclosure of Suicidal Ideation

Mboweni, Ntwanano Harnelly Charmain

2022-07
University of the Witwatersrand, Johannesburg
https://hdl.handle.net/10539/40087
Mboweni, Ntwanano Harnelly Charmain. (2022). How Undergraduate Students at the University of Witwatersrand Make Meaning of Non -Disclosure of Suicidal Ideation. [Master's dissertation, University of the Witwatersrand, Johannesburg]. WIReDSpace. https://hdl.handle.net/10539/40087

Downloaded from a DSpace repository. https://dspace.org/

How Undergraduate Students at the University of Witwatersrand Make Meaning of Non -Disclosure of Suicidal Ideation.

A research report submitted to the Faculty of Humanities in partial fulfilment of the requirements for the degree of Master of Arts in the field of Social and Psychological Research by Coursework and Research Report

By Ntwanano Mboweni

730473

Pscyh7022A

Supervised by Dr Vinitha Jithoo

School of Human and Community Development

15/03/2022

Acknowledgements

I want to extend my sincerest gratitude to my research supervisor Dr Vinitha Jithoo. I cannot string enough letters to express how thankful I am for your input and most of all your patience. Thank you, Dr Vinitha Jithoo.

Mom and dad, I am grateful for every prayer. I love you both.

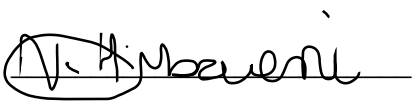
To all my friends and family-Thank you for loving me loudly through this journey. I appreciate you all.

Declaration

Under the supervision of Dr Vinitha Jithoo,

I, Ntwanano Mboweni hereby declare that this research is my original work and that all external

sources have been accurately reported and acknowledged. This work has not previously, in its entirety, or in part been submitted to this or any other university in the interest of an academic qualification.



Ntwanano Mboweni

15/03/2022

Date

Abstract

The self-concealment of suicidality poses a significant threat to the well-being of university students around the globe. Suicidal concealment greatly exacerbates emotional and psychological distress within this cohort and unabated leads to a suicide death. Suicidality concealment within the university student population presents a perplexing and unique problem to university stakeholders, clinicians, and researchers. University students are in proximity to psychological care that is freely offered on university campuses, and yet more than half of students who contemplate and eventually die by suicide do not take up these services. Even more vexing is that students choose to deny and conceal suicidal distress from intimate support networks. There is an undeniable need to explore the factors that influence students' decision to conceal suicidal ideation as well as the factors that facilitate disclosure of suicidality within this population.

Using a constructivist grounded theory approach the present study explored understanding of concealment concerning suicidal ideation among university students. It focussed on understanding the personal narratives and lived experiences that motivate students to conceal their suicidal thoughts, feelings, and intentions. Focus groups were used to make sense of students' understanding and meaning making of suicidal thoughts and why talking about suicidal desires is so challenging. The study concluded that suicide and concealment among university students are multifaceted. The reasons for concealing suicidal thoughts reflect both internal motivations, such as feelings of shame, helplessness, feeling isolated, and mental health concerns, and external motivations, such as fear of consequences that may result from telling others. Attitudinal factors, such as being a burden to others, stigma and its consequences, lack of perceived need for help, mistrust, and desire to be self-reliant, emerged more frequently than structural factors, such as lack of access to help. Additionally, several reasons unique to university life, such as academic competence, performance-related anxiety, financial difficulties, and a sense of belonging, emerged. Student voices echoed the need for mental health and suicide literacy programs and greater cohesiveness and a sense of belonging within the university community could encourage greater engagement with emotional distress.

***Key words*: disclosure, help-seeking, perceptions, self-concealment, suicidality, university students.**

Table of contents

Contents

Acknowledgements 2

Declaration 3

Abstract 4

Table of contents 5

Chapter 1: Introduction 9

1.1 Rationale 11

1.2. Research Aims 14

1.3. Research questions 15

1.4. Conclusion and report layout 15

Chapter 2: Literature review and theoretical framework 16

2.1. Prevalence of student suicide 17

2.2. Prevalence of university students' suicidality 18

2.3. Suicidality and suicide risk 19

2.3.1. Fixed risk factors for suicidality among college students 22

2.3.2. Distal risk factors for suicidality among college students 25

2.3.3. Self-reported risk factors for suicidality among college students 27

2.4. The Interpersonal-Psychological Theory of suicide risk 28

2.5. Help-seeking by university students 35

2.5.1. Formal vs Informal help-seeking 38

2.5.2. Barriers to help-seeking 40

2.6. Suicidality and help-seeking 42

2.6.1. Suicidality and self-concealment 44

2.6.2. Reasons for suicidality concealment 45

2.6.3. The Self-concealment model 46

2.7. Conclusion 48

Chapter 3: Methods 48

3.1. Research methodology 49

3.2. Sampling and Participants 51

3.3. Procedure 53

3.3.1. Instruments 54

3.3.2. Data collection methods: Focus groups 56

3.4. Data analysis 57

3.5. Ethical considerations 58

3.5. Trustworthiness 59

3.6. Reflexivity 61

3.7. Limitations 62

Chapter 4: Findings 64

4.1. How the understanding of suicidality justifies to concealment 64

4.2. Perceived suicide risk factors 67

4.2.1. The turbulence of university life drives one to despair 68

4.2.2. Growing pains and psycho-social strains 71

4.2.3. Reluctance to seek help 71

4.3. Social disconnections ... 73

4.3.1. Stigma ... 73

4.3.2. Gender and ethnic barriers ... 76

4.3.3. Trust issues ... 77

4.3.4. Perceived low social support ... 78

4.4. Perceived burdensomeness ... 79

4.5. Chapter summary ... 81

Chapter 5: Discussion and Conclusions ... 82

5.1. Conclusion ... 89

5.2. Strengths, limitations, and recommendations ... 90

References ... 92

Appendices ... 126

Appendix A: Human Research Ethics (Non-Medical) Certificate ... 126

Appendix B: Participant Information Sheet ... 127

Appendix C: Consent Form (Focus Group) ... 129

Appendix D: Consent Form (Recording) ... 130

Appendix E: Demographic Questionnaire ... 131

Appendix F: Focus Group Schedule ... 132

Appendix G: Interview Questionnaire ... 133

Appendix H:Turnitin report ... 135

Appendix I: Student submission form ... 136

Appendix J: Supervisor consent form ... 138

Appendix K: Proof of payment 140

Chapter 1: Introduction

People conceal information for several reasons, but sometimes the concealment of information can lead to a deadly outcome. The research evidence indicates that people experiencing suicidal distress rarely seek any form of care to alleviate their distress. Tragically in the act of suicidal concealment, people die (Friedlander et al., 2012). A meta-analytic review conducted by Hom et al., (2015), showed that across all ages more than half of the people at risk for suicide do not communicate their suicidal thoughts and behaviours to others. Concealing suicidality is just as common among university students as in the general population. The College Health Assessment Survey conducted across American universities indicated that less than 20% of college students who had experienced suicidal ideation or attempts were receiving treatment (Kisch et al., 2005). According to Burton Denmark et al., (2012), more than half of university students who had experienced suicidal ideation over the past year had not told anybody. The concealment of suicidal thoughts is both troubling and puzzling among university students for several reasons. Firstly, in recognition of the trials and tribulations that students in higher education must overcome, university campuses have offered free to low-cost counselling services for students. Secondly, the act of concealment has been associated with depression, anxiety, psychological inflexibility, suicidal outcomes, and low help-seeking behaviours among this cohort (Masuda et al., 2011; Mendoza et al., 2018). Given the grave consequences of suicide concealment among the student population, the current study aimed to gain insight into why students would choose to reveal or not reveal thoughts and behaviours related to suicide. Listening to and studying students' narratives and opinions of help-seeking during a suicidal crisis provides an opportunity to inform and improve suicide risk management (Burton Denmark et al., 2012; Drum et al., 2009).

The inclination to hide suicidal behaviour has been linked to the concept of self-concealment. Larson and Chastain (1990) defined self-concealment as "the predisposition to actively conceal from others personal information that one perceives as distressing or negative" (p. 440). Self-concealment is not synonymous with a lack of disclosure. The lack of disclosure solely involves withholding information that an individual perceives as private. Whilst self-concealment is the intentional act of hiding information and involves behavioural secrecy, emotional suppression, and cognitive preoccupation efforts to keep information hidden, on the other hand, a lack of disclosure does not involve these processes (Friedlander et al., 2012; Uysal, 2020). This distinction highlights the premise that the lack of disclosure is not pathogenic, rather it is the processes of avoidance, lying, inauthenticity, cognitive

inflexibility, and emotional suppression that lead the self-concealer to a dysfunctional state of being (Larson et al., 2015).

There is some debate within the literature on the best way to conceptualise the construct of self-concealment. Kelly and Yip (2006) conceptualised concealment as a biological predisposition and hypothesised self-concealment to be a stable personality trait. From this perspective, there is a clear distinction between the tendency to conceal information as a personality trait, and keeping secrets because of circumstantial confinements, and it is the former that is associated with deleterious outcomes. Within this framework of thinking it is not secret keeping per se that is dangerous but rather it is the type of person who keeps the secret who might be vulnerable to distress. Therefore, there is a clear distinction between keeping a secret and self-concealment as an inhibitory personality trait (Burton Denmark, 2011; Masuda et al., 2011). A prospective study conducted by Kelly and Yip (2006) found that the process of keeping a secret was negatively related to negative psychological outcomes whereas the personality trait of self-concealment was positively related to distressing psychological outcomes among undergraduate students. In contrast, the study conducted by Uysal et al., (2010) found that regardless of an inhibitory personality trait undergraduate students' who had concealed distressing information experienced low levels of overall well-being. These findings suggest that self-concealment and the consequences associated with it are not solely an attribute of personality but rather reflects general processes that are detrimental to one's wellbeing. Similar to Uysal et al., (2010); Larson et al., (2015) consider self-concealment and its harmful outcomes to be independent of inhibitory personality traits, while also appreciating that these traits could influence the self-concealment process.

Whether self-concealment is understood as a personality trait or not the consequences of it are detrimental to people's psychological needs. Self-concealers are less willing to seek help for distressing personal problems and feelings which can become exacerbated in the absence of care (Larson et al., 2015). Further self-concealers are more likely to struggle with ruminative thinking, which is related to suicide risk factors such as hopelessness, helplessness, and suicidal ideations. And finally, self-concealment is associated with low levels of social support and social belonging (Burton Denmark, 2011), which sets the stage for suicidal desires (Van Orden et al., 2010). Given the tragic outcome of suicide, there is a need for research that intentionally and rigorously explores the conditions that would foster an environment of disclosure among university students. This is especially important given that the prevalence of suicide is very high in this cohort (Westefeld et al., 2005). As students

transition into the university space, they need to cope with increased academic demands, adjust to being away from a familiar supportive system, and overcome financial constraints, all the while dealing with the sensitive developmental period of emerging adulthood. It is during this period that many become vulnerable to depression, anxiety, social isolation, and adverse coping skills, which all increase susceptibility to suicide (Arria et al., 2009; Hamaideh, 2011).

1.1 Rationale

According to the South African Depression and Anxiety Group (SADAG) suicide is the second leading cause of death among university students after accidents (SADAG, n.d, "Are More Suicide in Universities to Be Expected This Year", par. 1). Bantjes et al., (2016) studied the prevalence of suicide among students at a South African University and found that; 22.81% reported having suicidal thoughts, 1.26% reported a strong desire to kill themselves, and 0.45% of the students suggested that if the opportunity arose, they would commit suicide. Media coverage has also shone the spotlight on student suicidality across South Africa. In the year 2018, an article published in the student paper; *Wits Vuvuzela* headlined *"Another student suicide shines spotlight on mental health support at Wits",* raised concerns over the psychological well-being of students after three students died from suicide within the space of a year (Oberholzer, 2018). Similarly, Mabasa (2018) reporting for *The Daily Maverick*, captioned "*Suicide on campus: Spate of deaths raises alarm"* covered the protest of more than 100 students from the University of Pretoria who held a #SPEAKOUT march in response to the 23 suicide attempts that had taken place at their institution, with two students ultimately losing their lives (Mabasa, 2018). Another article published by *Times Live* reignited the issue of suicidality on campuses after students held an anti-depression vigil following the suicide death of two prominent students at Rhodes University within a year (Pijoos, 2019). In response to the student suicides across the country, the dean of student affairs at the University of the Witwatersrand commented that "… if we do not commit to working together towards addressing the mental well-being of students, and putting an end to

student suicide, our collective futures may be compromised" (September, 2018, par. 13). An international cross-cultural investigation among 5 572 undergraduate students in 12 countries ranging from the Far East to the Far West showed that 28.8% of the students struggled with suicidal ideations while 7% recorded having attempted suicide at some point in their lives (Eskin et al., 2016). The sobering numbers indicate that more needs to be done to lessen the occurrence of suicide on university campuses. Considering that 80% of students deliberately conceal suicidality the available statistics undermine the true reflection of the extent of the problem on university campuses (Kisch et al., 2005). Therefore, research that aims to identify students at risk to encourage treatment use cannot be overemphasized.

Encouraging research results do indicate that students do disclose suicidal thoughts and behaviours to friends, family members, and romantic partners and this potentially serves as the first steppingstone to seeking professional help. For example, the study conducted by Arria et al., (2011) examined the help-seeking behaviours among students with a history of suicidal ideation and found that 68% of students confided in a family member, 54% sought assistance from friends, while approximately 30% of students sought help from psychologists and psychiatrists, respectively. University students' preference to seek help from informal sources has been documented in studies conducted by Armiento et al., (2014), and Yakunina et al., (2010). These findings suggest that it would be resourceful to implement educational initiatives that provide information to the public on how to best support and care for suicidal individuals (Calear & Batterham, 2019). Although gatekeeper training is a necessary step to support and care for suicidal ideators, this is not enough. Tragically just as students conceal suicidal ideations from professional health workers, they also avoid seeking help from informal support networks (Burton Denmark et al., 2012; Wilson & Deane, 2010). For example, Wilson and Deane (2010) examined the intention to seek help among 302 Australian university students for suicidal ideation. The study results showed that students

with the highest score on the Suicide Ideation Questionnaire had the lowest intention to seek help from both formal and informal sources of help and evidenced the greatest scores to not seek help from anyone (Wilson & Deane, 2010). This is unfortunate considering that suicide disclosure is associated with better psychological coping, strengthened personal relationships, opportunities for self-growth and reflexivity, and physical well-being (Sheehan et al., 2019). Even with these benefits to disclosure, there are real and imagined costs that threaten openness such as public and internalized stigma, involuntary hospitalization, loss of independence and privacy, and the re-experience of traumatic feelings. Lastly, people who consider disclosing often feel that they will worry and overwhelm others and therefore perceive themselves to be a burden and conceal (Frey et al., 2018; Fulginiti & Frey, 2019).

The disclosure decision process is very complex and is compounded by cultural norms and individual experiences regarding help-seeking. In essence, suicidal individuals conduct a cost-benefit analysis before the decision to disclose is made. If the factors that motivate a person to disclose are perceived to outweigh the cost, then suicide concealment is unlikely (Frey et al., 2018). There is a need to create an environment that reflects the benefits of disclosure to be superior to the perceived costs. The research has extensively investigated factors that lead to suicidal ideation and attempts within the student population (Klonsky & May, 2010; Stallman, 2010) but seldom ask about the conditions and circumstances that would encourage self-disclosure among students and the broader community at large (Calear & Batterham, 2019; Fulginit & Frey, 2019). For suicide prevention to be successful research needs to move beyond the study of the barriers to help-seeking and intensively explore factors that facilitate disclosure. It is imperative not only to remove the barriers to help-seeking but to also implement environmental conditions that would encourage students to tell of their suicidal experiences to receive support (Calear & Batterham, 2019). Hence the study

inquired from students themselves on how to create a university culture that promotes and supports suicidal disclosure.

Prevention and intervention of student suicide must be guided by sound research evidence. However much of the research that focuses on students' reasons for and against disclosure emanates from the global North (Burton Denmark et al., 2012), and hence interventions are designed to accommodate western developed institutions of higher education. The writing of Colucci (2006) cautions against merely transposing interventions across diverse socio-cultural contexts and suggests that "suicide prevention strategies need to be developed from within the cultural milieu, rather than merely be adapted, i.e., making use of what has been done elsewhere" (p. 6). Research knowledge must progress beyond what has been previously offered by industrialised countries and consider how social norms and practices guide the interpretation, expression, and help-seeking behaviours for suicidal distress (White & Kral, 2014). To address the gap in the knowledge economy of university students' health and well-being in Africa this study researched how South African university students understand and deal with suicidal behaviours.

1.2. Research Aims

According to Friedlander et al., (2012), and D'Agata (2017), there is a dearth of research focusing on the association between self-concealment and suicidal behaviours. Furthermore, Kabiru et al., (2013) posit that apart from the reproductive and sexual health issues affecting the youth, little research has been produced focusing on other health aspects affecting the youth in Sub-Saharan Africa. The work of Mars et al., (2014) cite that it is low to middle-income countries that bear the brunt of self-harming behaviours such as that of suicide. Given this evidence, the present study aimed to explore the multifaceted understandings of self-concealment concerning suicidal ideation among university students. Understanding these personal narratives and lived experiences that motivate students to

conceal their suicidal thoughts, feelings and intents can inform suicidal preventative strategies in the student population and the larger general population.

1.3. Research questions

1. How do undergraduate students at the University of the Witwatersrand understand, make meaning of and deal with suicidal thoughts?
2. What factors would encourage suicidal disclosure amongst undergraduate students?

1.4. Conclusion and report layout

In conclusion, this introductory chapter highlighted the pervasiveness of suicidality on university campuses and the deleterious outcomes associated with the concealment of this phenomenon and closes off with a chapter summary of the report.

The introductory chapter is followed by chapter 2 which provides an extensive review of prior empirical and theoretical findings on suicidality and help-seeking patterns of university students. This chapter commenced by examining the magnitude of student suicides on university campuses and then dives into the risk factors for suicidality. The aetiology of suicidality is multifaced and laced with biological, cultural, personal, conscious, and unconscious origins. For the sake of brevity only fixed, distal, and self-reported risk factors are included. The Interpersonal Theory of suicide first introduced by Joiner (2005) and later refined by Van Orden et al., (2010) was used as an organising framework on how best to understand the aetiology of suicidality. Further, this chapter reviews the help-seeking patterns of emergent adults in post-secondary education. This section examines the help preferences of students and takes a critical focus on help-seeking barriers. Still, within this section, the chapter focuses on help-negation for suicidality and the reasons for suicide concealment and concludes with the suicide concealment model introduced by Larson et al., (2015).

Chapter 3 outlines the methodological procedures that were followed throughout the research process. Briefly, the study took a qualitative grounded theory approach, and the data

was collected from undergraduate students from the University of the Witwatersrand through focus group interviews. Students' focus group discussions were guided by a semi-structured interview schedule. The research project process followed all ethical guidelines on issues of consent, confidentiality, and how the data would be kept. The interview transcripts were analysed using the steps of thematic analysis outlined by Braun and Clark (2006). The thematic analysis yielded four superordinate themes which are detailed in chapter 4 of the report. The first theme centred on how students make meaning of suicidality and concealment. The second theme focused on students' perceived risk stressors for suicidality and the third theme highlighted students' attitudes, beliefs, and behaviours towards mental health help-seeking. The fourth and final theme centred on students' concerns about the negative impact suicidal disclosure might elicit in the chosen confidant. This chapter concluded with a summary of the research findings. Onwards is chapter 5, which details a critical discussion of the research findings concerning already published literature and empirical evidence. Chapter 5 concludes with the strengths, limitations, and recommendations.

Chapter 2: Literature review and theoretical framework

There is the potential to prevent student suicidality in the case that a lecturer, romantic partner, parent, or friend is made aware of a student's intention to kill themselves. The desire to end one's own life is a marker of severe psychological distress and yet, a culture of suicide concealment lurks on university campuses across the globe constraining the efficacy of suicide intervention and prevention outcomes (Freidlander et al., 2012). This chapter provides an extensive and insightful literary review of previous research that has focused on suicidality, suicide concealment, and help-seeking among students in higher education.

2.1. Prevalence of student suicide

Researchers agree on the need for dramatic and urgent interventions to prevent student suicide, nevertheless examining the extent of the problem has proven challenging. This difficulty has been attributed to both the theoretical and methodological issues that have become common and cumbersome in suicide research. Firstly, the phenomenon of suicidality has a low-incidence rate in the population that to render a meaningful statistical analysis of the problem researchers would need an impractical sample size (Burton Denmark, 2011), instead, researchers must rely on psychological autopsies or large longitudinal studies to examine suicide (Klonsky et al., 2016). Longitudinal studies would need comprehensive and frequent clinical assessments which are a costly endeavour and in the case that a participant is at risk for suicidal behaviours researchers would need to intervene thus contaminating the research study. Whereas psychological autopsy studies must rely on the memory, knowledge and interpretations of friends, family and medical examiners which might not always reflect the true subjective experiences of the deceased (Klonsky et al., 2016; Schwartz, 2006b). The accurate assessment of suicide rates among students is further complicated by the misclassification of suicide as an accident, which is the number one leading cause of death within this age group (Stephenson et al., 2005). Researchers such as Burton Denmark (2011) and Stephenson et al., (2005) have commented that universities underestimate the rampancy of suicide by at least 50% and miss the opportunity to evaluate suicidal deaths that have occurred while the student was on medical leave, summer or winter holiday or had recently dropped out. researchers. Despite these challenges, researchers have made great efforts to calculate and estimate the prevalence of student suicidality.

Internationally, the suicide incidence rate is believed to be 4.7 per 100 000 among students in the United Kingdom (Gunnell et al., 2020) and 7.0 per 100 00 for American university students (Schwartz et al., 2011). The studies of (Gunnell et al., 2020; Schwartz et

al., 2011) concluded that the suicide rate among university students is half that of the general population matched for age and sex.

A reason for this observed frequency is that it is assumed that being a university student offers a protective benefit against suicidality because students live a more purposeful life as they strive to obtain their qualifications, have open access to psychological care, and are immersed in an environment that offers social connection and support through mentorship or peer-to-peer support groups (Stephenson et al., 2005). Additionally, the strict prohibition of firearms on the university premises forces students to use less lethal means of self-harm such as jumping or intentional ingestion of pesticides and drugs (Schwartz, 2006). Considering the high prevalence of suicidality within the university student population it remains apparent that these protective factors are only effective against suicide completion and not suicidal ideation or attempt (Burton Denmark, 2011).

2.2. Prevalence of university students' suicidality

A worldwide meta-analytic review conducted by Mortier et al., (2018) found that 1 in 4 university students have seriously considered ending their own lives, with 65% of students experiencing these intense emotions over the past year. The same review reported that the 12-month prevalence of suicidal ideation, plan, and attempts were 10,62%, 3%, and 1,12% respectively. The studies sampled in this meta-analytic review were predominantly from North America, Asia, and Europe (Mortier et al., 2018), however, similar prevalence research on the African continent is scant.

A South African study conducted across two universities estimated the 12-month prevalence rate for suicidal ideation, plan, and attempt to be 40,9%, 22,3%, and 3,9% respectively (Bantjes et al., 2021). In a sample of Ghanaian university students Owusu-Ansah et al., (2020) determined that 24,3% of students had strong wishes to die, 15,2% of students had suicidal ideations, 6,8% had a plan of death and 6,3% of students attempted suicide over 12

months. Alarmingly the prevalence rates in the studies conducted by Bantjes et al., (2021) and Owusu-Ansah et al., (2020) are disproportionately greater than the global prevalence rates reported by Mortier et al., (2018). Beyond university stressors, students in Africa are living in unprecedented times characterised by extreme poverty, dismal unemployment rates, rapid urbanisation, and breakdown of social structures in the face of socio-cultural transformation (Kabiru et al., 2013). Even with a high occurrence of suicidality among students Owusu-Ansah et al., (2020) caution that "the current prevalence rates might simply be a tip of the iceberg and may not reflect the true state of suicidal behaviour amongst university students" largely because of the cultural revulsion that exists against suicidal disclosure (p. 229). There is a need to curb the commonality of student suicides on university campuses across the globe.

2.3. Suicidality and suicide risk

According to Shneidman (1998) "Suicide haunts our literature and culture". Globally every 40 seconds a person dies by suicide attributing to approximately 1 000 000 suicide deaths annually. For every one suicide death, there are at least twenty others who attempt suicide (Davidson et al., 2018; WHO, n.d). With so many lives lost there exists a greater need to enhance our awareness, understanding, and prevention of suicidality, especially concerning university students. They are the future leaders, policymakers, and innovators who will be instrumental in transformational economic growth within their respective fields of learning (Duarte et al., 2016). Yet the use of vague and inconsistent terms to conceptualise self-injurious behaviours has made it difficult to gather, synthesise and interpret information that would best guide the prediction, intervention, and prevention of suicidality across the lifespan (Klonsky & May, 2016). For example, Klonsky (2007) employs the term deliberate self-harm to refer to intentional self-injury of body tissue without any intent to die, contrastingly to Madge et al., (2008) who defined deliberate self-harm as a broad umbrella term that

encompasses both self-injurious behaviours with and without intent to die. Scholars (Nock, 2010; Muehlenkamp et al., 2012) note that it is essential to make a distinction between suicidal self-injury in which the purpose of the behaviour is to cause death and non-suicidal self-injury where body derangement and not death is the objective (Nock, 2010; Muhlenkamp et al., 2012). Although related and often co-occur each behaviour is motivated by different desires and presents a unique aetiology, method of injury, and treatment response (Muehlenkamp, 2014).

This study focused on deliberate self-harm in which there is some intent to die from that behaviour hereafter broadly referred to as suicidality or suicide. The term suicidality is defined as a series of thoughts and behaviours that range from suicidal ideation to planning to attempt and culminates in suicide death (Burton Denmark, 2011; Malhi et al., 2013). Suicidal ideation is defined as cognitions preoccupied with thoughts of wanting to take your own and is distinctly characterised as either passive or active. Passive suicidal ideation is the fleeting and transient thoughts of death whereas active suicidal ideation is characterised by a strong wish to die accompanied by a suicide plan (Lai et al., 2018; Svetic & De Leo, 2012). Although active suicidal ideation had been previously thought to be a more potent and significant risk factor for engaging in suicidal behaviours the research evidence indicates clinicians should not underestimate the presence of passive suicidal ideation as it has also been shown to predict suicidal behaviours (Baca-Garcia et al., 2011). This research makes no distinction between passive and suicidal ideation because any form of a desire to die is indicative of distress. A suicide plan refers to a method or strategy for self-inflicted death, a suicide attempt is conceptualised as any self-injurious act done with the intent to die, and finally, suicide death is defined as any death that stems from self-directed acts or behaviours (Posner et al., 2014; Silverman et al., 2007). Although many people consider suicidality only a few people will make an attempt and even fewer people will die by suicide (Klonsky &

May, 2014). A large prospective study from the Netherlands reported that while 31,3% of the participants endorsed suicidal ideation, only 7,4% attempted suicide over two years (ten Have et al., 2009). Data from Mortier et al., (2018) indicated that while 50% of students had considered suicidality, only 3,1% made the transition from ideation to attempt. One avenue to powerfully abate suicidality among students is to establish suicide risk and protective strategies that heighten or inhibit progression along a series of suicidal thoughts and behaviours.

Protective factors are the reasons and circumstances that "dissuade a person from considering suicide as an option" and encompass external and internal factors (Rutter et al., 2008, p. 143). Internal protective factors include individual strengths and are reflected by a positive self-concept whereas external protective factors rely on external sources such as support networks, and psychotherapy to buffer against suicidal-related thoughts and behaviours (Rutter et al., 2008). Risk factors for suicidality can be understood as either fixed or variable and proximal or distal (Rudd et al., 2006; Burton Denmark, 2011). Compared to variable risk factors which can be altered through intervention and modification fixed risk factors such as age and sex cannot be changed. Proximal factors are situational variables that imply a near-term risk for the emergence of a suicidal crisis and include social withdrawal, access to a firearm, romantic break-up, and grief. Long-standing vulnerabilities to suicidality such as mental illness, poor problem-solving abilities, physical and emotional traumas, and family history of suicidality are conceptually understood as distal risk factors for suicidality and do not potentiate suicidality without the presence of proximal risk factors (Burton Denmark, 2011).

Theoretical and empirical expansion of suicidality research indicates that although risk factors for suicidal ideation, attempt and completion overlap they are inherently distinct. A meta-analytic review of 27 studies found that often cited suicidality risk factors such as

hopelessness and depression robustly predict suicidal ideation but fail to distinguish between suicidal ideators and attempters respectively (Klonsky & May, 2014). Among students and people in the general population the transition from suicidal ideation to attempt was shown to be facilitated by increased pain threshold, history of painful and provocative life experiences, and fearlessness about death (Dhingara et al., 2015; Smith et al., 2010). Hence theories of suicide vulnerability have evolved to expand upon the factors that facilitate the transition from ideation to attempt and finally completion (Klonsky & May, 2014).

This review will focus on fixed, distal, and self-reported suicide risk factors among students. Exploring risk factors among university students presents a novel idea as suicidality within this population "may have a unique aetiology because of the existing social and academic pressures that are distinct to this population." (Wilcox et al., 2010, p. 2).

2.3.1. Fixed risk factors for suicidality among college students

Demographic features such as age, sex, belonging to a sexual minority group and race are categorised as fixed because they cannot readily be changed through clinical intervention and modification (Burton Denmark, 2011). Within the age demographic, findings indicate that suicide is the second leading cause of death among 15–25-year-olds worldwide and undergraduate students represent a massive portion of this populace (Mamun et al., 2020; Mortier et al., 2018). Typically, undergraduate students are at the helm of a developmental shift from adolescence to emerging adulthood. Emerging adulthood is a term first coined by Arnett (2000) and occurs between the years 18-25 years. This distinct life stage is best characterised by identity exploration, feeling in-between, exceptional instability and endless possibilities (Arnett, 2007). The high suicide rate among this age group may be premised on the idea that emergent adults may lack the emotional and cognitive maturity to navigate the ebb and flow of emerging adulthood. The feeling in between and uncertain might increase emotional and psychological distress (Jithoo, 2018) which has been consistently associated

with suicide. The vulnerability to suicidality is heightened among students who in addition to the normative stressors of university life must also cope with psychosocial challenges associated with a new developmental life stage (Peirera et al., 2018). Factors such as self-efficacy, self-esteem, social skills, and a quality supportive network have been identified as protective factors against suicidal ideation and attempt. A repertoire of social skills is necessary for emergent adults to build a support network from whom they can seek assistance in times of suicide distress (Pereira et al., 2018).

The research indicates that emerging adults who identify outside of a heteronormative sexual orientation status are at increased odds of suicidal ideation and attempt. Sexuality is particularly salient among emerging adults who are in the developmental phase of negotiating and affirming their sexual identity. Taking into consideration the stress associated with identity formation, sexual minority emergent adults face greater pressures and challenges to develop a positive sexual identity against the backdrop of a cultural milieu that glorifies heterosexual attractions (Blosnich & Bossarte, 2012; Needham & Austin, 2010). The minority stress theory posits that sexual minority status is not inherently suicidogenic but the minority-specific life stressors such as ruptured social support because of the process of coming out, heterosexist victimisation, discrimination, and internalised homophobia, confusion, and concealment regarding one's sexual identity that elevate the odds for suicidal ideation and attempt (Hill & Pettit, 2012).

These findings have also been observed for sexual minority adults and youths. To illustrate the heightened risk of suicide among sexual minorities the results of suicide trends observed over a 20-year revealed that sexual minority youth are 1.28 to 15. 45 times more likely to endorse suicidality compared to their heterosexual peers (Stuart-Maver et al., 2021). Indeed, compared to their heterosexual counterparts, sexual minority university students are twice more likely to report suicidal ideation (Renteria et al., 2021), three times more likely to

report a suicide attempt, and 10% more likely to report a suicide attempt than same-aged sexual minority individuals within the general population. In conjunction with the general stressors of personal and cognitive development, sexual minority students must also cope with overt and covert hegemonic structures that pay homage to heteronormativity (Ploskonka, 2017). A large body of literature indicates that students of a sexual minority status perceive their campus climate as heterosexist, where students report enduring physical heterosexist harassment, and sexual assault because of their sexual orientation and report having been subjected to derogatory slurs and exclusionary behaviours (Woodford et al., 2014; Woodford et al., 2018). Research findings report that heterosexist harassment is deleteriously associated with poor academic outcomes such as academic disengagement, lower grade point average and attrition (Silverchanz et al., 2008; Woodford & Kulick, 2015). To cope with minority-specific stressors a significant portion of students will resort to substance dependence and non-suicidal self-injury which further increases susceptibility to suicidality (Busby et al., 2020; Muhlenkamp et al., 2015). Sexual minority students also report more suicidality-related risk factors such as thwarted belonging, low social support, anxiety, and depression compared to their heterosexual peers (Muehlenkamp et al., 2015; Silva et al., 2015 Smith et al., 2016). Yet some sexual minority students seem resilient in the face of heterosexism and are no more vulnerable to suicide-related risk factors than their heterosexual peers (Hill & Petit, 2012) Therefore, factors well beyond those related to minority stress make one vulnerable to suicide risk.

Although the sex differences observed in the general population place women at a higher suicide risk than their male counterparts (Kootbodien et al., 2020), among university populations this trend does not prevail (Lamis & Lester, 2013; Westefeld et al., 2005). It is speculated that the protective benefit of being immersed in the university environment is more advantageous for male students who have less access to lethal methods of suicide such

as firearms. This speculation was supported by Schwartz (2006a) who noted that the male to female student suicide mortality rate was 2:1 compared to that of 5:1 observed in the matched general population. However, researchers (Brownson et al., 2011;) confirm that the sex differences among students conform to those observed in the general population. Data collected from a nationally representative sample of students across 70 universities in the United States indicated that female students scored higher on measures of current and lifetime suicidal ideation and attempts compared to male students (Brownson et al., 2011). The discrepancy between these findings could be attributed to the large sample size utilised by Brownson et al., (2011) which increased the statistical power to tease apart small but significant differences between male and female students. Therefore, more research that investigates sex differences in the suicidal patterns of university students is warranted.

The racial and ethnic risk factor findings of suicidality among college students are just as scattered and ambiguous as those observed for suicidal gender differences. For example, Sa et al., (2020) reported that in a sample of American college students, Black, Hispanic, and Asian students were at increased risk for suicidal ideation and attempts than their White peers whereas the study results of Shadick et al., (2015) reported that students who belonged within a racial minority group were less likely to report suicidality and finally Arria et al., (2010) did not find race to be a significant risk factor for suicidality compared to sexual orientation and gender. More relevant to the South African university population Bantjes et al., (2019) study indicated that Black students reported greater rates of suicidal ideation and attempts compared to other racial groups.

2.3.2. Distal risk factors for suicidality among college students

A history of suicidal ideation and/or attempt was found to be the most consistent and robust predictor of whether a student will make a suicide attempt (Burton Denmark, 2011). Indeed, Hawton and van Heeringen (2009) report that approximately 40% of people who die

by suicide have a history of self-harming behaviours. Beyond the risk of a lifetime history of suicidality, an abundance of empirical evidence shows that 90% of people who consider and attempt suicide struggle with one or more psychological disorders (Bantjes & Kagee, 2013; Hawton & van Heeringen, 2009). In 2016 psychopathological disorders affected more than 1 billion people worldwide, contributed 7% of the global burden of disease and caused 19% of the years lived with disability (Rehm & Sheild, 2019). Psychopathologies are very common among students and command awareness. In a sample of South African university students, the lifetime (38,) and 12-month prevalence of mental disorders was greater than the 30% and 12% reported for a nationally representative sample of the population (Bantjes et al., 2019; Herman et al., 2009). Echoing the results of Bantjes et al., (2019) data from Australia (Stallman, 2010) indicate that the severity and commonality of psychological distress are greater among students than in the general population.

It is assumed that students are more susceptible to psychopathologies because in addition to stressors related to the academic environment, they "may have to face the task of taking on more-adult like responsibilities without yet having mastered the skills and cognitive maturity of adulthood" (Pedrelli et al., 2015, p.2). It is during this sensitive developmental period that many young adults experience the persistent, peak or first onset of mental health problems (MacLeod & Brownlie, 2014).

For instance, a study conducted with Australian university students showed that psychological distress was related to academic stress, developmental problems, and adjustment difficulties in a new environment (McGillivray & Pidgeon, 2015). International and local studies indicate that the most prominent psychopathologies among students are mood disorders such as depression and anxiety disorders and are notoriously correlated with suicidality (Hunt& Eisenberg, 2010). The results of an on-campus mental health screening session conducted across three universities revealed that students with the greatest severity of

depression symptoms, hopelessness and a poorer quality of life were more likely to endorse suicidal ideation than those without (Farabaugh et al., 2012). Comparable results were found by Garlow et al., (2008) who found that depressive symptoms, feelings of anxiety, loss of control, rage and irritability were associated with current suicidal ideation among students. According to Hunt and Eisenberg (2010) the university space "…by their scholarly nature, are also well positioned to develop, evaluate, and disseminate best practices" (p. 3). these practices have the power to reach many people who are at a critical point in their lives and the potential to equip the future generation with the necessary tools to lessen the distress of suicide further into their adult life.

2.3.3. Self-reported risk factors for suicidality among college students

In the study conducted by Westefeld et al., (2005) students self-reported that feeling depressed, interpersonal conflict with romantic partners and family members, social isolation, hopelessness, and anxiety were the primary reasons for attempting suicide. In a large national survey students rated wanting relief from emotional and physical pain, a desire to end one's own life, romantic relationship difficulties, and academic challenges, as the most impactful factors that contributed to the consideration of suicide as an option over the last 12 months (Drum et al., 2009). Although these studies provide insight into the subjective and lived experience of suicidal students, students could only select the responses made available to them in an already formulated checklist (Burton Denmark, 2011). It is paramount to hear the voices, opinions, and meanings of suicidal students themselves to best guide and inform clinical and research practices engineered to respond and intervene in the suicidal crisis that is opulent on university campuses across the globe. In a qualitative phenomenological study conducted by Yan (2018), South African university students who struggled with suicidal ideation expressed that the pressures of being a first-generation student, adjusting to new academic demands in addition to an urban environment and social isolation were significant

predecessors to experienced suicidal ideation. Within this study, students feared that voicing out their emotional distress would engender disappointment from family and hence concealed their distress further exacerbating feeling isolated and distressed (Yan, 2018).

In essence risk factors hurt the academic, social, and emotional aspects of students' lives, and left untreated could result in death. Suicide is a grave public health concern and understanding risk factors associated with suicidality is essential to identify those at risk. Even with the knowledge of the correlates associated with suicidality, a meta-analytic review focusing on over 50 years of suicide risk research concluded that "existing risk factors are weak and inaccurate predictors of STBs [suicidal thoughts and behaviours]" (Franklin et al., 2016, p. 27). Firstly, despite the rare occurrence of suicidal death, risk factors related to suicidality are quite common among the general population. Thus, it makes it difficult to predict who will or won't die by suicide. Additionally, the factors related to suicidality are just as diverse as the people who experience them and differ in frequency, intensity, and duration within and between people (Franklin et al., 2016; Rudd et al., 2006). This does not imply that the knowledge of suicide risk factors is null and void, risk factors were identified through empirical testing and have therefore proven somewhat effective and useful. And where human lives are concerned it is always better to err on the side of caution (Franklin et al., 2016). Considering that there is an extensive list of risk factors related to suicidality, these can be best understood and organised within a theoretical framework that illuminates significant points of intervention.

2.4. The Interpersonal-Psychological Theory of suicide risk

Understanding the causes of suicide, and the best practices for the assessment, prevention, and treatment of suicidal behaviours is very important. Theoretical frameworks help in advancing the scientific understanding of factors that lead to suicide ideation and attempts and allow for the systematic organisation of various risk and protective factors. One

such framework is the interpersonal theory of suicide was first presented by Joiner (2005) and later expanded upon by Van Orden et al., (2010). The fundamental principle of the theory is that people engage in suicidality because they have the desire to do so and the capability to act on that desire. Three key constructs hold the theory together, namely, thwarted belongingness, perceived burdensomeness, and an acquired capability for suicidality. Thwarted belongingness is conceptualised as an unmet psychological need to belong and manifests through loneliness and the absence of mutually caring relationships (Chu et al., 2017). This psychologically painful mental state is elicited by various social indices such as lack of social support, living alone and feeling disconnected from people. The lack of meaningful social bonds ensues in feelings of thwarted belonging which gives rise to suicidal risk (Van Orden et al., 2010). The construct of perceived burdensomeness refers to the individual's perception that he or she is so flawed and expendable that their death is worth more than their life. (Van Orden et al., 2010). Perceived burdensomeness is the intense belief that the self is so socially incompetent as to be a burden on others and thus the belief that death would relieve others of burdensomeness. The theory acknowledges that suicidality is antithetical to the biological predisposition for self-preservation and posits that people develop a capability for suicidality.

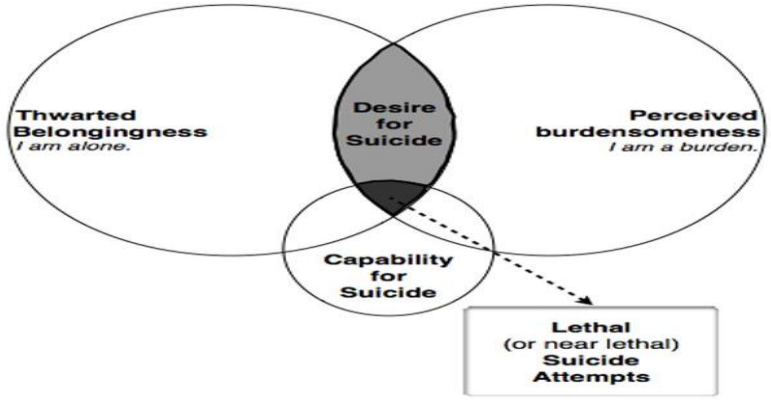
Therefore, repeated exposure to provocative and life-threatening experiences which increase physical pain tolerance and reduce the fear of death makes for the perfect ingredients to develop competence and courage for suicidal behaviours. The construct of acquired capability brings to attention the idea that people must overcome their sensitive reflexes for pain tolerance and self-preservation to endure acting in self-harming behaviours (Van Orden et al., 2010).

According, to the theory the simultaneous presence of thwarted belongingness and perceived burdensomeness evoke a desire for suicidal ideation, but when these interpersonal

states are perceived as fixed then active suicidal desire will develop. In essence, the transition from passive to active suicidal ideation is triggered by hopelessness specific to the interpersonal constructs of belongingness and burdensome. The simultaneous presence of these constructs is a necessary but not sufficient cause for nonfatal and fatal suicidal outcomes. Only when an individual has overcome the basic instinct for survival can they be capable to engage in lethal suicidal behaviours. In a similar vein, the capability to enact lethal self-injury is a necessary but insufficient cause for suicidal death in the absence of the desire to die by suicide. In summation, the aetiology and progression of suicidality lie in the three-way interaction between complete thwarted belongingness, global perceived burdensomeness, and a capability to suicidality (See Figure 1).

Figure 1:

Assumptions of the Interpersonal Theory of Suicide



Note: From *The Interpersonal Theory of Suicide* by Van Orden et al., (2010), Google Scholar (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3130348/pdf/nihms301351.pdf). In the Public Domain.

Because the current study is more concerned with the element of suicidal desire rather than lethal outcomes of suicidal behaviours, the interpersonal personal constructs of perceived burdensomeness and thwarted belonging will be the focus of this review. The theory conceptualises the constructs of thwarted belongingness, and perceived

burdensomeness as dynamic states that vary over time, intensity, and across relationships and are conceptualised as proximal risk factors for suicidality. That is factors such as depressive symptoms, sexual orientation status, and other related risk factors bring about a desire for suicidality by exerting their influence on the interpersonal constructs of thwarted belongingness and burdensomeness. Human beings have an innate desire to feel valued and accepted by others. So great is the fundamental need to establish and keep interpersonal attachments that both theory and research document loneliness, social alienation, and an unmet need to belong to be associated with a desire for suicide (Calati et al., 2019). Harmonious with these findings other meta-analytic reviews have found a strong association between social relationship deficits and suicidal desire (Chu et al., 2017; McClellan et al., 2020). A key component that fulfils the desire to belong is being surrounded by a social support network throughout the different life phases. Social support and feelings of being cared for have been significantly associated with low suicidal ideation scores suicidal attempts and overall suicide risk behaviours in a sample of university students (Hill et al., 2017). Social support and feelings of belonging play an integral part in helping undergraduate students adjust well to a new sphere of learning and living. To this point, the study conducted by Abdullah et al., (2014) found that students who perceived their campus environment to be supportive of their academic and personal goals showed positive outcomes on all dimensions of adjustments including emotional-personal adjustment, and social adjustment, and academic adjustment.

Although the construct of perceived burdensome has not garnered as much attention as belongingness empirical evidence indicates that feeling expendable, useless, and worthless are just as crucial for suicidal desire (Burton Denmark, 2011; Opperman et al., 2015). An individual who perceives the self as a burden may view suicidality as an option to improve the lives of loved ones (Van Orden et al., 2010). A narrative enquiry into the suicide notes of

British Author Virginia Woolf poignantly illustrated how feeling like a liability significantly contributes to suicidality when she wrote to her husband that "…and I am wasting your life…Work, and you will be much better without me" (Androutsopoulou et al., 2020, p. 378). The role of perceived burdensomeness has also been shown to predict suicidality in university students (Hill et al., 2012) and other general populations such as patients with chronic illness (Kanzlar et al., 2012) and large-community-based samples (Woodward et al., 2014). Adding practical significance to the utility of this construct in clinical risk assessment settings.

Overall findings have yielded mixed support for the moderating role of hopelessness on perceived burdensomeness and thwarted belonging in the prediction of suicidality. after controlling for covariates such as demographic features, anxiety, and depressive symptoms Hagan et al., (2015) found that the three-way interaction of general hopelessness, perceived burdensomeness, and thwarted belonging was a significant predictor of suicidality in two independents samples of university students and a clinical cohort respectively. Similarly, empirical findings by Talley et al., (2016) support the assertion that active suicidal ideation is predicted by the three-way interaction of hopelessness, perceived burdensomeness, and thwarted belongingness in a sample of women with an ambiguous sexual identity orientation. Contrary to these findings and unsupportive of the interpersonal theory Christensen et al., (2013) and Wolford-Clevenger (2019) report that the three-way interaction proposed by Van Orden (2010) did not have a significant influence on suicidality. In response to these conflicting findings Tucker et al., (2018) suggest that it is not general hopelessness per se that interacts with the theoretical constructs of burdensomeness and thwarted belongingness but rather hopelessness which is specific to these cognitive-affective states that increases the propensity for suicidality, hopelessness referred to as interpersonal hopelessness. The construct of interpersonal hopelessness is defined as perceiving the states of thwarted

belongingness and perceived burdensomeness as unchanging over time. Rather than feeling general hopelessness about their future, interpersonal hopelessness refers to a person's pessimistic views of belonging and the value of contributing to their social connections (Tucker et al., 2018). And it is the interpersonal hopelessness that instigates movement along the suicidality continuum. Indeed, in a sample of undergraduate students Tucker et al., (2018) found that interpersonal hopelessness and not general hopelessness above and beyond predicted suicidality. Tucker et al., (2018) conclude that investigations that seek to test the interpersonal theory of suicidality should not focus on general feelings of hopelessness but consider hopelessness specific to the interpersonal constructs presented by Van Orden et al., (2010).

Although the theory has been on the end of widespread attraction and acclamation across the literature it has not been without criticism. A scathing critique comes from Hjelmeland and Knizek (2019) who state that a theory that relies on only three factors is too parsimonious and simplistic to explain a complex and multifactorial phenomenon such as suicidality. They argue that such a reductionist approach is unable to "contribute meaningfully to the understanding of suicide, let alone suicide prevention" (Hjelmeland & Knizek, p. 171). However, Gunn (2017) argues that the simplistic format presented by the theory offers a great platform to communicate and educate the public about suicidal risk and death without the intricate complexities of psychological jargon. Another impressive point comes from Klonsky (2019) who argues that parsimonious theories have long played a vital role in understanding complex phenomena. More relevant to suicidality Klonsky (2019) argues that parsimonious theories of reinforcement and punishment have provided a framework for understanding the complex cognitive, psychological, and behavioural changes of behavioural modification which have informed intervention strategies aimed to promote healthy living and reduce risk factors. This argument from Gunner (2017) and Klonsky

(2019) gives strong persuasion that even a simplistic theory can and has made a worthwhile contribution to understanding even the most intricate of behaviours.

Additionally, Hjelmeland and Knizek (2019) argue that since the theory places greater emphasis on an individual's perceptions and feelings regarding the cognitive states of belongingness and burdensomeness by virtue it "completely disregards contexts and sees suicidality as a strictly internal phenomenon" and suggest that the theory should be framed as an intrapersonal rather than an interpersonal theory (p. 170). In their critique, Hjelmeland and Knizek (2019) emphasize that the theory is reductionist and lacks applicability since its conceptual writings focus on an individual's feelings and perceptions.

Hjelmeland and Knizek (2019) premised the theory proposed by Van Orden et al., (2010) as a decontextualised theory that acquits the ecological environment of the development, maintenance, and expression of suicidality. However conceptual writings by Van Orden et al., (2010) explicitly conceptualise belongingness and burdensome as cognitive-affective states that are influenced by cultural, social, individualistic, and political factors. For example, concrete findings from Hill et al., (2017) and Woodward et al., (2014) affirm how sociocultural factors influenced sexual minority individuals' sense of belonging and feeling like a burden and hence suicidality among a diverse sample of university and non-attending persons. The authors concluded that because of society's heteronormative morality sexual minority individuals might endorse feeling isolated and unwelcome due to social ostracism related to their sexual identity. Even if they do experience connectedness within a supportive community, sexual minority individuals might still feel like a burden to their support if they perceive that their sexual minority status will exacerbate stress for these individuals. (Hill et al., 2017; Woodward et al., 2014). These findings add validity to the theory by explaining that constructs of belonging and a sense of contribution to others are immensely articulated through a cultural lens.

In their critique of the interpersonal theory Hjelmeland and Knizek (2019) pose the question that "If you think no one cares about you, how can you perceive to be a burden (to them/whom)? …" (p. 170). The argument herein is that if one already feels that they do not belong then perceptions of burdensomeness cannot ensue, thus suggesting that the constructs of thwarted belonging and perceived burdensomeness as mutually exclusive (Hjelmeland & Knizek, 2019). Smith et al., (2019) disagree with this premise and rely on evidence from self-reported studies (Tucker et al., 2018; Van Orden et al., 2012) to support the notion that thwarted belonging and perceived burdensomeness can and do co-occur in the same individual. The criticism notwithstanding the interpersonal theory of suicide proposed by Van Orden et al., (2010) provides significant knowledge to guide clinical practice in the intervention and prevention of suicidal thoughts and behaviours. The theory provides a framework to understand and differentiate between people who will consider suicide and who will transition and make a suicide attempt. The theory was the first to introduce the ideation-to-action framework within the suicidology literature and has been effective in distinguishing suicidal ideators from suicidal attempters, thus improving clinical risk assessment in practice and research (Klonsky & May, 2015).

2.5. Help-seeking by university students

In university as in life, students will encounter a diverse range of social, academic, and developmental challenges which will require seeking help to build resilience and triumph over stressors and ultimately suicidality. The concept of help-seeking is defined as "an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern" (Rickwood and Thomas, 2012, p. 180). It is a dynamic and active act that is about communicating inner psychological distress to the broader external environment with the hope of gaining relief. Help-seeking can be distinguished as either formal or informal. Formal help-seeking is the act of seeking help from an individual with a recognised and

legitimate qualification in providing relevant support and includes but is not limited to psychologists, psychiatrists, general practitioners, or clergy. On the other hand, informal help-seeking is the process of seeking assistance from people who have a personal and intimate relationship with the help-seeker (D'Avanzo et al., 2012). It is paramount to intentionally explore the help-seeking patterns and preferences of university students because it provides the rare opportunity to design and disseminate best intervention practices that will reach a populous audience during a critical period in their lives. these practices have the potential to act as buffers against immediate and prolonged negative health outcomes of psychological distress (Hunt & Eisenberg, 2010; Eisenberg et al., 2012).

According to the results of a national survey of campus counselling directors, nearly 90% reported an increase in the prevalence and severity of psychological distress among students and that this was met with an influx of students into campus counselling services (Gallagher, 2006). Also, media attention swirling about student suicidality and mental illness generally reports an upswing of psychopathologies such as depression, anxiety, financial worry, and restlessness over vocational opportunities in the face of an ever-unstable economy. Although it is known in the scientific domain that psychopathologies are common among the student population, there is no empirical evidence to substantiate an increased trend in distress in students of today (Much & Swanson, 2010). For example, the results published by Gallagher (2006) did not make use of an objective rating system and instead relied on the opinions of counsellors to support the premise that students are more disturbed than they have ever been (Burton Denmark, 2011; Much & Swanson, 2011). The results obtained from the Personality Assessment Inventory indicated that student distress and psychopathology remained unchanged over 10 consecutive years (Schwartz, 2006b). These findings have also been corroborated by Kettmann et al., (2007) who reported no significant increase in the severity of student psychological distress over 7 years. Whether students'

distress has markedly increased or not, positive help-seeking behaviours have been observed in the student population in recent years. The investigative outcome of Schwartz (2006b) signified a 5-fold increase in the use of psychotropic medication, and Prince (2015) reported a 7% increase in campus counselling service use from 2004 to 2014 at a university centre. In recent years information about psychotropic medications and mental illness have become commonly accepted and less stigmatised by the public. Therefore, a new cohort of the student population may readily identify symptoms of stress and thus seek help at an increasing rate (Hubbard et al., 2018; Much & Swanson, 2010).

This apparent surge in the help-seeking behaviours of students is not thrilling in the face of a plethora of research evidence that continuously reveals students avoid seeking help (Prince, 2015). In a survey of 400 students who expressed academic (63%), career (35,1%), and relationship (26,3%) concerns only 8% reported utilising the campus counselling centre to cope with their stressors in the past, and an overwhelming number had no intention to seek help within the next month (Robinson et al., 2018). Results from the Healthy Minds Study conducted by Eisenberg et al., (2007) indicated that between 30% -80% of students were not in contact with on-campus psychological services. Low rates of service use were also found by Garlow et al., (2008) who reported that 85% of students with severe depression or suicidal ideation were neither in psychotherapy nor on medication. Avoiding help in times of distress is rather perplexing among students. Considering the positive outcomes associated with treatment and care for one's psychological health (Frey et al., 2018). It is worrisome that studies continuously witness a reluctance and denial of help-seeking within this population. Also, university students are immersed in a unique environment that provides automatic access to basic psychological and health care which are effective in buffering against psychological distress. For example, experimental studies have proven that students who receive psycho-educational counselling on-campus exhibit reductions in psychopathological

symptoms and overall stress, significant improvements in emotional reappraisal, and greater resilience to complete their academic programmes compared to those who did not receive counselling support (Gathoni et al., 2019; Strepparava et al., 2016). Pivotal research evidence from Schwartz (2006b) confirms that campus counselling centres provide a protective benefit against suicidality. After observing the student suicide rate throughout four eras Schwartz (2006b) concluded that although the suicide rate of campus clients is 3 times greater than that of the general student population, this rate would have been 6 times greater without campus counselling intervention efforts. Although the positive outcomes associated with seeking campus counselling may depend on the degree of functionality of the counselling services and the characteristics of the help-seeker, universities need to engage with research evidence to increase rates of service use among students. This would be a monumental step in the right direction considering that a minor number of students are aware of services and even fewer are utilising these services (Burton Denmark, 2011; Westefeld et al., 2005). If students seldom seek counselling services on campus, then it becomes significant to consider students' help-seeking preferences and how their psychological needs are well met to achieve their academic and personal goals.

2.5.1. Formal vs Informal help-seeking

The normative pattern of help-seeking among emerging adults suggests that in distress they prefer seeking help from informal rather than formal sources of support. Among informal sources, many typically turn to peers for support and comfort. An investigative study done by Buscami et al., (2010) found that of the few who sought help for alcohol-related problems, friends and family were the most preferred source of help followed by anonymous sources such as internet sobriety-based programs. Even among students who had never asked for help, the results showed that they were least willing to seek help from formal sources should they wish to start a journey of sobriety (Buscami et al., 2010). In another

study, Gebreegziabher et al., (2019) reported that 83,4% of students who struggled with a common mental disorder sought help from friends and family, while 16% utilised formal sources. Numerous other studies indicate that clinical and non-clinical samples of all ages, within and beyond the university setting primarily seek support from friends, romantic partners, parents, and other family members over traditional mental health facilities (D'Avanzo et al., 2012; Molock et al., 2007; Wilson et al., 2011).

The effects of social support are that of a double-edged sword with studies reporting both positive and negative outcomes of these intimate network systems. The results of a qualitative analysis done by Griffiths et al., (2011) found that the readily available access to friends and family, perceived trustworthiness, non-stigmatising attitudes, and familiarity with the situation facilitated informal help-seeking over formal sources of help among a sample of depressed people. However, some persons felt that not only were family and friend responses toxic, but they also did not have the knowledge and skills to effectively provide sufficient support (Griffiths et al., 2011). A survey study examined the quality of helping behaviours from lay persons and found that although people responded by listening non-judgmental and facilitated formal help-seeking most people felt overwhelmed as they lacked the skills to recognise symptoms and provide the necessary tools to deal with the problem (Rosetto et al., 2014). It is evident that informal sources act as first respondents to the help-seeking pathways of many people including university students. Given the findings that lay persons are underprepared to recognise, deal with, and legitimise mental illness authors (Griffiths et al., 2011) eagerly advocate for the extensive promotion of formal help-seeking ahead of informal sources of help (Maulik et al., 2009).

This is problematic as it underestimates the significant role friends and family may play in laying the foreground for formal help-seeking. Also, it indicates that more needs to be done to advance the mental health literacy of people in the public and equip them with the

appropriate skills to better advise and refer individuals in psychological distress (Ludwig et al., 2018). D'Avanzo et al (2012) appreciate that help-seeking is a complex process and cautions against a help-seeking framework that conceptualises informal and formal sources of help as mutually exclusive. Rather research should focus on the interplay of these sources in providing fruitful and efficient support for those who need it. More specifically researchers and clinicians should be more concerned with people's unwillingness to seek any form of help, especially among university students.

2.5.2. Barriers to help-seeking

Barriers to help-seeking impede mental health help-seeking intentions and behaviours. Barriers include an exhaustive list of factors related to structural issues such as accessibility, availability, affordability, and acceptability. The issue of accessibility refers to logistical concerns such as the convenience of the location offering health care services, availability refers to one's knowledge of the viable treatment options and acceptability is the degree to which one is comfortable and less concerned about public and personal stigmatising attitudes against help (Burton Denmark, 2011). These structural barriers have been found to have a pertinent role in the help-seeking behaviours of people in the general population. Access to health care is already a challenge in South Africa where most people must rely on an underfunded and overburdened public health care system for health care, travel a great distance to access these services, and must spend out of pocket to receive and maintain quality treatment (Mayosi et al., 2014; Muller, 2017; Schrierenbeck et al., 2013). However, university students are a privileged group as many campuses provide low-cost to free counselling services on-site making issues of affordability, availability, and accessibility less important within this population. Surprisingly a few studies (Robinson et al., 2016) have found that barriers related to cost and access to treatment services have significantly deterred students' intentions to seek help. Therefore, policy developers, researchers, and clinicians

should continuously work to enhance the accessibility, affordability, and availability of mental health care on every campus.

Above and beyond structural barriers a plethora of studies consistently report on stigma as an enduring barrier to mental health help-seeking for people in all phases of life (Eisenberg et al., 2009). Broadly defined stigma refers to negatively held beliefs and attitudes about distinguishing characteristics or personality trait that is devalued within society. The professional literature distinguishes between perceived stigma and internalised stigma. Perceived stigma is defined as commonly shared negative stereotypes about mental illness within a social community whereas internalised stigma occurs when an individual self-prescribes society's judgments of being flawed onto the self (Eisenberg et al., 2009). Egregious outcomes such as shame, low self-esteem, diminished self-efficacy, social withdrawal, hopelessness, low participation, and compliance to treatment have been documented to be correlated with the different spheres of stigma (Wong et al., 2018). In one study amongst university students, being embarrassed and labelled "crazy" were among the top three reasons why students felt they would not seek help on campus (Vidourek et al., 2014). Once an individual has been labelled as belonging to a stigmatised group there are ramifications of being ostracised and devalued, and in response, people delay seeking help if at help at all (Vidourek et al., 2014).

Some studies indicate no significant positive relationship between perceived stigma and help-seeking and give the explanation that internalised stigma is a greater barrier to seeking help than public attitudes against seeking mental health care (Bathje & Pryor, 2011; Golberstein et al., 2009). To this point, several studies indicate that internalised stigma is a far greater barrier to accessing help among students (Eisenberg et al., 2009). Internalised stigma may be more prevalent in males who are less than willing to seek help for emotional and psychological distress than their female counterparts (Vogel et al., 2011). It has been

shown that males who conform to traditional masculine ideals of being stoic, self-reliant, and in control of their emotions-an ideal which is antithetical to help-seeking (Meissner et al., 2016). More research studies have identified other factors that act as barriers to the help-seeking of university students.

In a web-based survey done by Eisenberg et al., (2007) students who were in distress but never utilised their campus counselling services reported a wide array of reasons as to why they never asked for help. The most frequently cited response was the perception that stress is normal in university, followed by a lack of perceived need for help, the belief that the problem would get better by itself, lack of time, and students also felt that nobody would understand what they are going through. Students were less concerned with structural factors such as the number of sessions permitted for each student, location, and the time delay to receive an appointment date (Eisenberg et al., 2007). Similar findings were reported by Robinson et al., (2016) who focused on students' perceived barriers to accessing help. In a sample of South African undergraduate students, Jithoo (2018) found that; lack of knowledge about how the information would be used, a lack of perceived support from parents and family, cultural attitudes and beliefs towards mental illness, and threat to self-esteem discouraged mental health help-seeking. The decision to seek or not seek help is dependent on structural factors, personal experiences, and cultural expressions on how best to deal with an illness which might make this process long, confusing, and for some daunting. Research should aim to ease the tensions associated with mental health help-seeking to help students be resilient in their pursuit of higher education.

2.6. Suicidality and help-seeking

Historically a suicide attempt was understood to be a cry for help in a time of great psychological pain (Farberow & Shneidman, 1961); however current research findings indicate that for a vast number of people an attempt is not a signal cry for help (Drum et al.,

2009; Scoliers et al., 2009). For instance, a cross-cultural study conducted with school adolescents found that the underlying motive of self-harm was to get relief from an internal perturbed state, and secondly, they self-harmed because they wanted to die. Although the element of self-harm as a cry for help was evident in the student responses, this type of motive was a less prominent feature of self-harming behaviours (Scoliers et al., 2009). This motive for suicidality also emerged in a sample of university students whose suicidal behaviour was motivated by the pursuit of relief from psychological pain and the desired death (Drum et al., 2009). Far from being a cry for help, suicidality is greatly correlated with the avoidance of help, even when help is warranted. To this point, a longitudinal study by Cleary (2017) examined the uptake of treatment services in a sample of men who had made a serious medical suicide attempt. Upon discharge from the hospital 33% did not return for treatment, 20% only presented for a short period and almost half of the participants subsequently made another attempt (Cleary, 2017). In a sample of undergraduate students, 7% had not sought any form of intervention or treatment method for suicidal ideations because "If you want to kill yourself, why tell someone who will try to stop you?" (Burton Denmark et al., 2012, p. 89).

It is painfully worrying that across different samples suicidality is associated with the negation of help. According to Wilson and Deane (2010) "help-negation is expressed behaviourally by the refusal or avoidance of help and cognitively by the inverse relationship between self-reported symptoms of psychological distress and help-seeking intentions" (p. 291). The available data show that a friend, family member, or romantic partner is most preferred for suicidal disclosure and yet those who are severely distressed decide to not seek help at all. Converging epidemiological evidence suggests that depressive symptoms, hopelessness, anxiety, personal beliefs, and attitudes about counselling do not fully account for the help-negation of treatment uptake in individuals who consider suicide. Feeling

suicidal in and of itself acts as a strong barrier to health care and is related to self-concealment.

2.6.1. Suicidality and self-concealment

Suicide risk assessments rely on self-report screening tools such as the Patient Health Questionnaire and the clinical interview. Within the clinical setting, the interview entails probing and directly asking about the intensity and frequency of clients' desires, plans, and preparation to die. Alarmingly considering the commonality of suicidal self-concealment one must question the validity and efficacy of clinical risk assessment that rely on self-disclosure of suicidal intent. Even more disturbing is that suicide concealment occurs even when there is access to a credible source of help (Blanchard & Farber, 2020). Case in point a narrative review that focused on the "intentional refusal to acknowledge existing suicidal ideation upon direct inquiry as opposed to "failure" to volunteer spontaneously" reported that 57% of people generally deny having suicidal ideations. Additionally, 40% of people denied suicidal ideations a month before their death by suicide and 30% denied suicidal-related thoughts a month before they made a suicide attempt (Obegi, 2021, p. 92). Although the above review conducted by Obegi (2021) did not report on findings specifically related to university students, these results are in keeping with empirical findings which suggest that suicidal self-concealment is just as prevalent amongst student populations. A range of methodologically diverse studies (Eskin et al., 2015; Garlow et al., 2008) report that at least less than half of the university students disclose suicidal thoughts to anybody. Studies of suicidal communication amongst clinical and non-clinical samples and across the lifespan consistently warn that the "denial of suicidal ideation does not imply the absence of suicide risk" (Obegi, 2021, p, 92). In the case of suicidal concealment morbidity and mortality are very much inevitable. The concealment of suicidality harms many aspects of life it is surprising that so many conceal

suicidality from health care professionals and friends. Therefore, it is important to unearth the reasons that motivate for the non-disclosure of suicidality.

2.6.2. Reasons for suicidality concealment

To have a fighting chance against the suicide epidemic on university campuses and create better clinical risk assessment tools, clinicians, researchers, and informal support networks alike need a thorough understanding of why students deliberately deny and conceal suicidal thoughts (Burton Denmark, 2011). In a sample of American Indian youth with a previous history of suicidal ideation and attempts, Freedenthal and Stiffman (2007) found that the common reasons for avoiding help from both formal and informal sources were: embarrassment, lack of problem recognition, hopelessness about the situation the determination to work out the problems themselves. An exploratory study by Burton Denmark (2012) studied students who had concealed suicidal distress over the past 12 months, and concluded that the five most common reasons for concealment were that they believed they were: a lower-risk population, did not want to burden or worry others, had a personal disposition to privacy and self-sufficiency, the believed that asking for help would be pointless because nobody can help alleviate their distress and feared being judged or appearing weak.

Other key findings indicate that the disposition to present a perfect self-image to others plays an important role in the self-concealment of suicidality. The study conducted by Kawamura and Frost (2004) examined the relationship between self-concealment and maladaptive perfectionism in a sample of undergraduate university students and concluded that self-concealment mediated the relationship between maladaptive perfectionism and psychological and physical distress. For the perfectionistic individual, the short term-benefits of appearing in control and flawless further reinforce the non-disclosure of emotional vulnerability (Chen et al., 2012).

Another interesting reason that influences students' decision to conceal suicidality is due to the nature of university policies regarding mental illness. In the aftermath of student suicides, some universities fear the prospects of being sued by parents who feel that the institutions did not do enough to help buffer suicidal stress and hence have adopted policies that obligate students to a mandatory medical leave (Pavela, 2006). These policies were thought to help and force students to receive help for suicidal distress, but research indicates that such policies create a campus environment that fosters suicidal concealment. The results of an online survey study conducted by Drum et al., (2009) focusing on university students' experiences with suicidality revealed that the feared consequences of forced hospitalization and a forced leave of absence from academia were a motivating factor for the concealment of thoughts of suicide. Universities must act strongly and swiftly against suicidal distress, however university stakeholders should open a line of communication where students can freely express their emotional vulnerabilities without fear. Friedlander et al., (2012) admit that research that explores the relationship between suicidality and self-concealment is scant. And the research that takes a critical look into suicidality and self-concealment among university students is even scanter (Burton Denmark, 2012).

2.6.3. The Self-concealment model

The model of self-concealment established by Larson et al., (2015) provides a functional framework of the mechanisms by which the concealment of personal distressing information eventually leads to deleterious outcomes of being. It should be noted that concealed information is "(a) a subset of private personal information, (b) consciously accessible to the individual, and (c) actively kept from the awareness of others" (Larson & Chastain, 1990, p. 440). Therefore, concealed information is inherently different from the information that is repressed and hidden from the self and others. Firstly, the authors postulate that the fear of social negative evaluation, stigmatised traumas, and an insecure

attachment style act as antecedents or precursors for self-concealment. Therefore, concerns about what others will think, and the fear of being rejected propels one to actively conceal and hide from others. The authors conceptualise self-concealment as a complex motivational construct that energises dysfunctional emotional regulation processes and secret-keeping behavioural patterns to facilitate self-concealment. These maladaptive strategies affect well-being through direct and indirect pathways of inauthentic behaviour, secret-keeping, emotion suppression, and cognitive inflexibility. More distal pathways to detrimental well-being include the lack of validation and support from formal and informal sources of help (Larson et al., 2015).

The central tenet of the self-concealment motivational model is the idea that pathological outcomes occur when the prolonged desire to reduce distress and gain support through disclosure conflicts with an equally strong need to conceal, avoiding anticipatory stigma and shame (Larson et al., 2015; Love & Farber, 2019). This habitual internal struggle is defined as the "dual-motive conflict" and eventually ignites direct and indirect pathways of maladaptive behaviours and emotion regulation strategies (Larson et al., 2015, p. 717). The pathogenicity associated with self-concealment does not stem from non-expressiveness in itself, it is the ambivalence between behavioural inhibition and the need for self-expression that drive the dual motive conflict which leads to the inability to regulate distress, reduced openness, and mindfulness. Through the practice of stringent self-control, the self-concealer avoids revealing intimate information that is perceived to damage their self-concept. The short-term relief from cognitive preoccupations of being found out reinforces dysfunctional self-protective mechanisms which result in an inability to integrate experiences and the capacity to self-regulate (Masuda et al., 2011). These consequences lead to low social well-being, psychological ache, negative physical health outcomes, and decreased attitudes towards help-seeking (Larson et al., 2005).

2.7. Conclusion

Despite university stakeholders' attempts to mitigate the death of students by suicide, many students are still at risk of suicidal ideation, attempt, and death. Even in the presence of free counselling services facilitated by the university administration, only a small percentage of students utilise these campus services (Burton Denmark, 2011). This illuminates that more research is warranted to better comprehend help-seeking barriers within the student population. Approximately 80% of students who died by suicide never sought counselling services from their university (Drum et al, 2009; Kisch et al., 2005). Self-concealment is correlated with low help-seeking behaviours, anxiety, and enhanced psychological and emotional distress (Cepeda-Benito & Short, 1998; Larson & Chastain, 1999). The genesis of prevention and treatment of the self-concealment and suicide distress stems from identifying those who are at risk, thus if we can understand factors that would elicit self-disclosure in this hidden population, counselling techniques and assessment could be improved upon to 'draw-out' concealers.

Chapter 3: Methods

This chapter presents a comprehensive description of the research process that was implemented to explore the multifaceted understandings of concealment concerning suicidal ideation among university students. It focussed on understanding the personal narratives and lived experiences that motivate students to conceal their suicidal thoughts, feelings, and intentions. The following research questions helped to unpack these aims:

1. How do undergraduate students at the University of the Witwatersrand understand, make meaning of and deal with suicidal thoughts?
2. What factors would encourage suicidal disclosure amongst undergraduate students?

3.1. Research methodology

The research format used in any investigation should be a tool to answer the research question. According to Trede and Higgs (2009), "research questions embed the values, world view, and direction of an inquiry, they also are influential in determining what type of knowledge is going to be generated" (p. 18). The research questions in this study were exploratory in nature and aimed to understand how participants construct and make meaning of suicidality, suicide concealment, and help-seeking. Because the study did not seek to capture any objective reality of the phenomena the research questions were best answered with a qualitative research design. Unlike quantitative research which relies on statistical analysis to quantify the phenomena and calculate the degree of causation between variables, qualitative research emphasises a rich in-depth approach to understanding how people make meaning of their reality and the factors that influence the construction of meaning (Denzin & Lincoln, 2008). A key principle of qualitative research is the study of individuals in their natural setting, learning how and why people make the decisions they do. Rather than taking an explanatory stance, qualitative research consists of a set of practices that are committed to exploring and describing how people make sense of and interpret their social world. As stated by Morrow (2005) qualitative research moves away from the positivist paradigm and advocates that "there are as many realities as there are participants, plus one: the investigator", consequently framing knowledge and meaning within an interpretive paradigm (p. 213). The interpretive paradigm takes an epistemological stance that insinuates knowledge is subjective, and reality is culturally derived and historically situated. This stance emphasises that meaning is not discovered but is co-constructed in interaction (Scotland, 2012). It is a philosophy of science that emphasises how interpretations are rooted in the context within which people live. Qualitative researchers stress that race, gender, social class, level of education, cultural values, and subjective experiences provide a lens through which people

understand and interpret the world around them (Denzin & Lincoln, 2008). This made the qualitative approach more appealing to the current study.

This qualitative inquiry took a grounded theory methodology. Fundamentally a grounded theory methodology "consists of systematic, yet flexible guidelines for collecting and analyzing data to construct theories from the data themselves" (Charmaz, 2014,p.1). Contrary to other qualitative research approaches such as phenomenology, grounded theory moves beyond the mere description of participants' subjective meanings to generate a theory that accounts for complex interactive processes and actions (Creswell, 2007; Zafeirou, 2017). It deviates from positivist traditions that rely on deductive reasoning to test hypotheses and emphasises that theory development is an inductive process that is grounded in the data. It is most suitable to use when current research and theories have only been applied to contexts that are not relevant to the researcher (Creswell, 2007). Although there are many schools of thought regarding grounded theory the present study adopted a constructivist grounded theory approach established by Charmaz (2000).

A constructivist grounded theory assumes a relativist ontological position which emphasizes that knowledge is co-constructed in interaction and is context bound.

Another key element of this approach is the acceptance of a critical review of the literature, a concept dubbed theoretical sensitivity. Thus, contrary to subsequent approaches of grounded theory, an evolved constructivist grounded approach embraces prior contextual knowledge within the research agenda (Nelson, 2020). Hence the current study dedicated a chapter to the existing theoretical dialogue of suicidality, concealment, and help-seeking amongst university students. Additionally, this approach remained superior and relevant within this study because contrary to the rigid and prescriptive step-by-step analysis associated with Straussian grounded theory, Charmaz (2000) prescribed a method of analysis that is structured enough to produce a rigorous theory and yet flexible enough to facilitate the

open and creative analysis of the data (Zafeiriou, 2017). Better than the Glasserian approach to theory construction, a constructivist grounded theory approach values the researcher as an instrument of data collection (Thornberg & Charmaz, 2014). Thus, a constructivist grounded theory approach aligned well with the study's epistemological and ontological stance.

As a research method constructivist, grounded theory relies on a flexible data collection process to purposefully yield depth and information-rich narratives from participants. One flexible data collection tool is focus group interviews. A focus group is a discussion with a moderate number of participants conducted by a facilitator who seeks to gain insight into the participants' feelings, opinions, and lived experiences (Heary & Hennessy, 2006). Once the data has been collected an approach to data analysis involves an inductive process of focusing "…on breaking down or fragmenting the data to identify patterns and recurring concepts or categories." (O'Conner et al., 2018, p.98). Following these guidelines, the research utilised an inductive 6-step approach to deconstruct the data and formulate meaningful patterns that are essential to the research questions. Finally a constructivist ground theory approach emphasises that "researchers should actively engage in strategies that reveal preconceptions by taking a reflexive stance" (O'Connor et al., 2018, p.93). Therefore, this approach acknowledges that researchers are active participants in the co-construction of knowledge and proposes that they provide a reflexive account of preconceived biases that would influence the data analysis and interpretation (O'Conner et al., 2018). In alignment with the methodology guidelines of a constructivist grounded theory approach, a reflexive account is provided within this chapter.

3.2. Sampling and Participants

Typical of qualitative enquiry the sampling strategy followed a non-random purposive sampling technique. Purposive sampling is the identification and deliberate selection of individuals who are willing to provide rich information relevant to the phenomena of interest

(Etikan et al., 2016; Palinkas et al., 2015). Specifically, the study used a criterion purposive sampling technique, viz., participants were studying towards an undergraduate degree at the University of the Witwatersrand. Students enrolled for a Bachelor of Medicine and Bachelor of Surgery degree were purposefully excluded from the study. This demographic was purposefully excluded because there already exists a plethora of research studies that have intensively focused on the patterns of suicidality and help-seeking within this cohort (Desalegn et al., 2020; Van Niekerk et al., 2012; Watson et al., 2020). The criterion sampling technique was supplemented with a snowball sampling strategy. Snowball sampling is a nonprobability sampling technique that relies on first participant respondents to recruit future participants who have the same characteristics (Johnson, 2014). Therefore first respondents were asked to invite other undergraduate students to participate in the study. Essentially all undergraduate students except for those enrolled for a medical degree were invited to participate in the study.

These sampling techniques yielded a sample of 43 undergraduate students . The sample comprised 28(67%) females and 14(33%) males, with an age range of 17-24 years. The participants comprised mostly of Black students (70%), followed by mixed race students (12%), then White (9%) and Indian (9%) students respectively. Respondents were mostly Christian (67%), others did not indicate their religious affiliation (21%), and a small number (12%) of students indicated belonging either to a Catholic or Jewish denomination. More than half of the sample participants identified as heterosexual (56%) and a few belonged to a sexual minority group (28%). Many students indicated their socioeconomic status to fall within the middle-class bracket (47%), and others perceived themselves to fall within the lower-class bracket (5%). The majority had previously sought help for mental illness (67%). Within this group, many students had sought help from off-campus mental health services

(46%), followed by on-campus counselling services (35%), and lastly, only a few students had sought help from both on-campus and off-campus counselling facilities (19%).

3.3. Procedure

Permission to conduct the study was obtained from the Human Research Ethics Committee (Non-Medical) from the University of the Witwatersrand, Protocol number MASPR/19/005 IH (See Appendix A). Students were invited to participate via word of mouth. This recruitment strategy involved walking around the university's main campus in Braamfontein and asking students to participate. I first introduced myself and gave students a full description of the research study (See Appendix B). I emphasized that participation would involve a focus group session of approximately 6-8 students and would last for approximately 45 minutes to 1 hour. Students who agreed to participate provided their contact information. Thereafter, I contacted the senior administrator from the school of Human and Community Development within the university to secure a venue to conduct the focus group session. Once the venue had been secured, I contacted students to confirm their availability. Students who were available to participate were provided with a text message outlining the date, time, and directions to the venue, approximately 5 days before the focus group session. Students were also reminded of the focus group session the day before the session. On the day of the focus group session, I first introduced myself and reiterated the nature of the study (See Appendix B). Thereafter participants were asked to read and sign two consent letters. One that stated that they agreed to participate in the focus group session (See Appendix C) and another that permitted the researcher to audio record the focus group session (See Appendix D). Once all participants had signed and returned both consent letters each student was asked to introduce themselves to the group and to share one piece of information about themselves. After the introductions were completed, the focus group

session began. All focus group sessions were audiotaped. Just before the end of the session students were allowed to add any relevant information to the discussion.

3.3.1. Instruments

Participants completed a demographic questionnaire (See Appendix E). The information from the demographic questionnaire was utilised to contextually describe the participants. The focus group discussions were guided by a semi-structured interview schedule (See Appendix F). The interview schedule was developed using the 5-step guidelines outlined by Kallio et al., (2016) who formulated a qualitative framework for designing a semi-structured interview schedule based on the results of a systematic methodological review. The first step was to critically assess if the research questions could be answered with a semi-structured interview schedule. Contrary to the structured interview schedule that elicits one-word responses from participants and is a futile endeavour where depth is required the semi-structured interview schedule is a flexible data collection tool that allows participants to elaborate on their experiences and beliefs. It further allows the researcher to probe and ask follow-up questions which further enriches participants' responses enhancing the thickness and richness of the narrative (Qu & Dumay, 2011). Conversely, the unstructured interview poses the risk of eliciting irrelevant responses that do not illuminate the research questions whereas the semi-structured schedule provides the researcher with the opportunity to explore themes and topics relevant to the research study (Rabionet, 2011). Considering the dual benefit of structure and flexibility the semi-structured interview was a suitable method to evoke rich and descriptive narratives from the participants. The second phase of the development process was to conduct a critical assessment of research literature to gain a comprehensive understanding of the research topic. The authors posited that a critical appraisal of the literature created “a conceptual basis for the interview” (Kallio et al., 2016). A critical review of the literature discussed in chapter 2

provided the framework for developing questions. The third phase of the design process was to formulate a preliminary interview schedule. The schedule is comprised of a list of questions that direct a conversation towards answering the research question. It began with exploring lighter themes that are relevant to the research topic to "break the ice and create a relaxed environment" and then progressed to more emotional and complex questions (Kallio et al., 2016). Further, the interview questions were open-ended, not leading, or double-barrelled but concise. In step four of the development process, Kallio et al., (2016) suggest piloting the preliminary interview schedule as provided the opportunity to assess if the instrument would inspire in-depth responses from participants that were relevant to the research topic. Additionally, this practice enhanced the researcher's interviewing and moderating abilities. The preliminary interview schedule was pilot tested on students from the University of the Witwatersrand. The pilot session of the interview schedule comprised a total of 6 postgraduate and undergraduate students.

Feedback from the respondents was used to reformulate the structure and quality of the interview schedule. Questions that were ambiguous, confusing, and irrelevant to the research study were either reformulated or discarded entirely. The fifth and final step of the process was to "derive the results from pilot testing into the form of a presentable, completed semi-structured interview guide" (Kallio et al., 2016).

The semi-structured interview schedule was used during the focus group sessions. Undergraduate students from Wits university participated in the focus group sessions held at the Braamfontein main campus, Johannesburg. The university lecture rooms were selected for their availability and ease of access for both the researcher and student participants. The semi-structured schedule stimulated in-depth conversations relating to difficulties associated with the transition into university space, psychological and institutional challenges students had to deal with, and the help-seeking resources available on campus. As the discussions

progressed students also reflected on the suicide deaths of their peers, the risk factors associated with student suicides and reasons for suicide concealment, barriers to help-seeking, and shared their insights on how to create a campus environment that encouraged suicide disclosure.

3.3.2. Data collection methods: Focus groups

The study used focus group interviews to collect data from the participants. Focus groups are pivotal in exploratory research, where little information is known about the topic under investigation. Focus group discussions have the potential to stimulate new ideas and concepts that had not previously been preconceived by the researcher (Doody et al., 2013; Greene, 2009). Unlike the individual interview which typically uses the question-answer format, focus group interviews capitalise on the group interaction processes. Participants can introduce ideas, and challenge those that have already been shared while developing and refining their own. According to Heary and Hennessy (2009) focus groups are more appealing because "…a wider bank of data emerges through the group interaction processes", they further go on to say that "as a result of the synergetic interaction which takes place, focus groups generate more than the sum of the individual inputs" (p. 59).

Researchers concur that it is this synergy between focus group participants that broadens the scope of communication and enriches the narratives shared (Heary &Hennessy, 2006). In the current study, 26 of the 43 students participated in four face-to-face focus group interviews. The first focus group consisted of 7 male and female students, the second session consisted of 6 male participants only, the third group session comprised of 7 female participants only and the last focus group session consisted of 6 male and female student participants. Each focus group consisted of a homogeneous sample of participants who were similar in age and level of education. The focus group sample size was guided by the work of Krueger and Casey (2014) who suggested that a focus group should typically consist of 5-8

people because “the groups must be small enough, for everyone to have the opportunity to share insights and yet large enough to provide a diversity of perceptions” exceeding this number results in fragmented focus group discussions where other participants will want to talk “but are unable to do so because there is just not a sufficient pause in conversation” (p. 6). The focus group interviews were conducted in English as this is the medium of instruction at the University of the Witwatersrand.

Across all sessions, an interventionist moderating style was most appropriate to facilitate the group interviews. Within this style of moderating, the moderator encourages silent participants to share their views, holds off dominant speakers, and brings the discussion back to the topic. Additionally, it allows for participants to make clear vague responses (Macnaghten & Meyers, 2006). The audio recording in focus group research is indispensable for the sake of data analysis. It gives the researcher the convenience and opportunity to solely focus on what is being said without the fear of losing important nuances and stories that are shared within the group discussions (Sagoe, 2012).

3.4. Data analysis

All transcripts were analysed using an inductive 6-step guideline of thematic analysis outlined by Braun and Clarke (2006). The first step to thematic analysis was data familiarisation. During this first step of the process reading and re-reading the transcripts allowed the researcher to familiarise herself with the data. This recursive process involved actively reading the dataset by searching for meaningful patterns. The process of transcription also aided the researcher to gather the breadth and depth of the dataset. The second step of the inductive process involved the generation of initial codes. These initial codes were created by writing down notes alongside the margins of the interview transcripts and using highlighters to note meaningful features of the data.

Step three entailed searching for themes across the dataset. Therefore, codes generated in the previous step were sorted and collated into broader overarching themes while similar codes were collapsed into each other to form sub-themes.

Step four was the process of reviewing and refining each theme and sub-themes, yielding a clear distinction between themes, and discarding irrelevant themes. Within this step similar themes coalesced into one superordinate theme, themes that did not have sufficient data support were discarded finally themes were read and rearranged to form a coherent pattern. In step five the researcher took on the reflective task of naming and defining each theme. In this step, themes are further refined to determine the essence of what the data captured. The themes were named and organised into four superordinate themes, namely how the understanding of suicidality justifies concealment, perceived suicide risk factors social disconnections and perceived burdensomeness. The final step was the production of a scholarly report which provides a concise, coherent "and interesting account of the story the data told-within and across themes" (Braun & Clarke, 2006, p. 93). The scholarly report reflects academic writing which includes a dialogue with existing knowledge on the topic of study beyond the coherence of meaning within- and across themes in this dataset.

3.5. Ethical considerations

Ethical clearance for the study was obtained from the Human Research Ethics Committee (Non-Medical) from the University of the Witwatersrand (See Appendix A). Participation in the study was voluntary; it was made explicit to participants that they had the right to withdraw without consequences. They were informed that there were no incentives and low risk associated with participating in the study. Each participant was given an information sheet outlining the procedure of the study (See Appendix B). They signed consent forms for participation in the focus group (See Appendix C) and audio recording (See Appendix D). An ethical concern that is unique to the focus group research is confidentiality.

Because focus groups house more than one participant simultaneously the researcher cannot guarantee that participants will not share the participants' stories and opinions outside the group. Although researchers cannot force participants to adhere to the same ethical practices of confidentiality, it has been suggested that establishing ground rules that emphasise not sharing group members' stories and opinions outside the group setting can encourage confidentiality (Sagoe, 2012; Smithson, 2008). Hence before the start of each group session participants were asked not to divulge information outside of the group setting. However, researchers can guarantee anonymity and confidentiality in the final write-up by using pseudonyms to refer to the actual participants (Smithson, 2008). Participants' perspectives of events and/or their experiences were referred to using direct quotes from the focus group interviews. The audio recordings and interview transcripts were kept in a password-protected online platform on Google Drive. Access to the recording and transcripts was restricted. The data material will be safely housed on Google Drive for a period of up to 5 years and will thereafter be destroyed.

3.5. Trustworthiness

The study established a standard of trustworthiness by addressing the criterion of credibility, dependability, transferability, and confirmability. The criterion of credibility refers to the degree of confidence in the methodological procedures and interpretation of the research study (Morrow, 2005). The credibility of a qualitative study can be achieved through prolonged engagement with participants, persistent observation, and audit trails. Study credibility was achieved using an audit trail. According to Bowen (2009), the audit trail is "– created to explicate the steps and document the decisions in moving from raw material to final interpretation of the data so that the process of theory development is both visible and verifiable" (p. 307). The overall research methods chapter provides an exhaustive account and justification of the research design processes, inclusion and exclusion criteria for research

participation, and techniques of data collection and analysis hence providing an audit trail to strengthen the integrity of the study.

The audit trail simultaneously enhances the dependability of the study (Connelly, 2016). Dependability refers to the extent that the study findings can be replicated across similar settings and participants (Morrow, 2005). The dependability of the study was further supported by the provision of explicit information on data collection and analysis methods. The criterion of transferability is defined as the extent to which the study findings can be applied across similar persons and/or contexts (Connelly, 2016). To support the transferability of the study a rich and thick account of the study context and people interviewed was provided. According to Hadi and Closs (2016), a transparent and vivid detail of the research setting helps readers determine the contextual relevance of the study.

Confirmability is defined as the degree to which the researcher stays authentic to the participants' experiences and perceptions. This criterion ensures that the findings are not a reflection of the inquirers' interests, assumptions, and biases but are grounded in the data (Connelly, 2016; Morrow, 2005). In pursuit of an authentic reflection of the participant narratives, a process of researcher debriefing with the research supervisor was followed. This critical discussion with the supervisor forces the researchers' interpretations to be scrutinised, refined, and bracketed as alternative viewpoints emerge thus ensuring that the findings fairly represent the reality of the participants (Morrow, 2005). In line with the work of Cope (2014), the conformability of the study was further established using direct quotes from the participant to support each theme. Another strategy to ensure the accurate representation of participants' narratives is for the researcher to engage themselves in the art of reflexivity. Through this process of self-awareness researchers bracket predisposed biases that could impact the analysis and interpretation of data (Morrow, 2005). These criteria were useful in enhancing the theoretical and methodological integrity of the study.

3.6. Reflexivity

In qualitative studies, the researcher and the research instrument are one. It is therefore imperative for qualitative researchers to reflect on their process of data collection and analysis to examine how their biases, personal experience, and preconceived ideas influence the research practices. Through reflexivity, researchers are better able to question their interpretations and legitimize the outcomes of the research findings (Maritz & Jooste, 2011). I am a student at the University of the Witwatersrand who has struggled with the process of concealment. Therefore, this was a research project that was entrenched with emotional investment and tension. The process of data analysis often felt like a mirror image of my own experiences, which posed the risk of researcher bias and misinterpretations. A strategy to overcome the "crisis of representation" is to engage in the process of debriefing (Morrow, 2005). The debriefing endeavour aims to ensure that the interpretation of the data is grounded and rooted in the data and is actively done by consulting with a research supervisor or research team (Morrow, 2005; Muthana & Alduais, 2021). In this study, debriefing with the research supervisor opened the opportunity to critically discuss the research findings.

It has often been noted that the positionality difference between the researcher and the researched can conflate the data collection process. There exists a lopsided power distribution as the researcher can be perceived as the expert and the participants merely a tool of information. The power imbalance can also be reversed in favour of the research participant (Anyan, 2013). I was cognisant of the power differentials that would arise as a postgraduate student researcher collecting data from undergraduates. A good strategy to distribute a sense of symmetry of power in qualitative interviews is for the researcher to create a rapport with the participants (Anyan, 2013). Through the process of prolonged engagement researchers can set the tone for the research and form an earnest professional synergy with participants that is not counterintuitive to the collection of thick enriched data (Hadi & Closs, 2016).

Before the start of each focus group, everybody shared a personal or interesting anecdote about themselves. This was done to establish a sense of mutual disclosure and rapport within the group setting. Throughout each focus group, participants were constantly reassured that there was no correct or incorrect answer and were encouraged to share freely and respectfully. This was done to enhance and maintain a sense of ease and quality of comfort for the respondents. Reflexivity reveals the position and beliefs of the researcher and so adds transparency and authenticity to the research process and outcomes (Reid et al., 2018).

3.7. Limitations

Being a novice focus group moderator, the ability to facilitate the focus group was somewhat limited. For instance, there were missed opportunities that could have been used to add depth and expansion to participants' responses. These limitations were evident during the analysis process as it became apparent that the data collected did not conform to the richness and depth that is required of a typical grounded qualitative study. The initial analysis showed that a theme related to the help-seeking barriers was somewhat incomplete and needed to be further developed. Unlike other qualitative methodologies, grounded theory gives the researcher the flexibility and permission to gather more data when needed through the process of theoretical sampling. Within the constructivist principles of grounded theory theoretical sampling is defined as “seeking and collecting participant data to elaborate and refine categories in your emerging theory” (Charmaz, 2014, p. 192). During this process, the researcher moves back and forth between collecting and analysing data to determine from whom, how and, where the data should be collected. The strategies employed for theoretical sampling are unique to each study and are informed by the gaps, nuances, and questions that arise from the data (Butler et al., 2018).

For this study, more data was gathered using an online semi-structured interview questionnaire (See Appendix G). The questionnaire asked student participants to reflect on

the barriers to help-seeking for suicidal thoughts and behaviours. The initial participants were contacted and invited to respond via email. The initial participants were also asked to forward the questionnaire to their peers who met the inclusion criteria. From this method of participant recruitment an additional 17 participants took part in the survey. The method to collect data via online questionnaires was informed by practical rather than theoretical decisions. At this time the university had been closed due to the Disaster Management Act implemented in response to the COVID 19 pandemic, and therefore focus groups were not an option, additionally online questionnaires were an economical and faster way to reach student participants.

Moreover, questionnaires have been used to complement intense interview methods such as focus groups to fill in the gaps and provide more depth to emergent constructs as the theory developed (McGuirk & O'Neil, 2016). The data collected from the opened-ended questionnaires enhanced the initial data as it allowed for key concepts to be teased out and added deep meaningful nuances to categories for theory development. The data was collected from participants until a point of theoretical saturation had been reached. Contrary to the concept of saturation which is implied by the lack of "new data from the fieldwork…theoretical saturation refers to the point when no significant new insights from the data can better describe, dimensionalise, or contextualise the categories that have emerged from the data" (Conlon et al., 2020, p. 948). The limitations notwithstanding the methodological design yielded deep meaningful narratives from the participants.

Chapter 4: Findings

Suicide concealment is an important public health issue across the developmental spectrum, which becomes concerning at the university level because young adults are confronted with many new challenges which they are not always equipped to handle. This qualitative exploration aimed to discover why students at the University level conceal suicidal thoughts and intent as well as the behaviours and the factors that would encourage disclosure. First-hand accounts of university students about their perceptions and attitudes about suicide concealment would assist in conceptualising and planning more relevant psychoeducational and relevant intervention programmes. The participants were unable to discuss concealment without discussing the following four superordinate themes: How the understanding of suicidality justifies to concealment, perceived suicide risk factors, social disconnections, and perceived burdensomeness. Each superordinate theme is discussed and expanded upon using sub-themes below commencing with the superordinate theme of how students understanding of suicidality justifies to concealing suicidality.

4.1. How the understanding of suicidality justifies to concealment

This theme reflected on how students made sense of and perceived the phenomena of suicidality. They did not dichotomise suicidality as either positive or negative and expressed no moral judgements towards suicidal individuals or the phenomena itself. Suicidality was understood as a coping strategy to manage emotional pain and life stressors. The purpose of suicidality was not conceptualised as a movement towards dying but rather as a movement away from inner anguish. Therefore, suicidality was understood to be an acceptable choice when no other solutions were available to deal with a perceived problem, dilemma, or crisis. Suicidality was perceived as an escape from the turmoil that stems from unmet intra-and -inter-personal discomfort. The act of suicidality functioned as an adaptive mechanism to challenges as reflected in the following extracts:

> *"To me it was more of an easy escape… To know that you are no longer living… it means that you no longer have to deal with the problems of the physical world…I don't have to deal with this drama or that drama and all that stuff."*

"I think it's sad that you'd have to be forced to be in position where taking your life is the only solution. I think it's really sad like you must have been in a really bad space for you to go there."

Feelings of entrapment and defeat were thought to give rise to the perspective that suicide was an alternative and acceptable option to end psychological distress. The view of suicide as a solution to a problem was defined and understood in the context of hopelessness and helplessness. Students felt that having a pessimistic view of the self, the world and the future played a major role in how people come to perceive suicidality. There was a common thread that perceived low-self-efficacy engendered feelings of being hopelessness and helpless regarding one's ability to generate and implement solutions in response to negative life stressors. Students shared their views as followed:

"I think that one of the reasons people would commit suicide is when they a reach a point where they do not see hope, they do not see any future…They think that there is no outcome or anything they can do to try and make it in that situation. They think that any action that they take would not lead to a solution so, there is no hope. They do not see why they should continue living…"

"…He was in that state for a long time, he could not go back to finding his happiness. He was just stuck…and he's only solution was to jump over the edge…"

"So, I think it is like feeling that there is no one on earth left who can help you. There is not a stich of hope like you must have something to hold on to and even if it is tiny but when that tiny bit is gone…"

Congruent with the perception of suicide to end pain and suffering, there was a collective understanding among participants that the act of suicidality is not a selfish one. Students held onto the belief that that intent of suicide was not to cause any form of distress onto other persons, but rather to bring about comfort and ease for the self. They fundamentally

positioned people as active and autonomous agents who had the right to choose life or death, and in the case of psychological distress death was an acceptable choice. Participants did not consider the relational dynamics which exist and often contemplated the event of suicidality as inconsequential to other persons and so did not perceive suicidality as a selfish act. The function and purpose of suicidality was narrated as an act of self-preservation from intolerable inner pain. This narrative was not motivated by a disregard for other people's feelings but was purely endorsed by a drastic need for relief from the existential angst of being alive.

> *"I would not say anything because of the narrative that exists that if you commit suicide, you are being selfish which I find to be very unfair…I am pro suicide in the sense that if you have done everything that you can to get help…and life is still not happening then I see it as a form of euthanasia"*

The view of suicidality as a selfless act rather than a selfish one was met with contention from only two participants across the dataset. The two expressed that people are relational beings whose lives are interwoven and shifted the focus of suicidality beyond the individual. Hence from a relational perspective suicide marked survivors with a gaping wound of loss and sadness. They felt that the feelings of grief become overshadowed by guilt and confusion as suicide survivors try to make sense of the reasons and circumstances that could have led to suicidal death:

> *"Then when you hear from people who would be affected by your suicide you get the sense of it's in a sense selfish because we live for each other as people. You are not considering how you are going to hurt the next person when you just decide to take your life. If what they did to you was a contributing factor and as much as maybe they didn't mean to hurt, you in a horrible way and then you kill yourself they are going to live with that guilt. They are going to think that you killed yourself because they made life hard for you"*

"Like now blaming it on themselves and the person sometimes you don't even explain why they did what they did it causes a lot of pain on different people's hearts so that's the selfish part I'm seeing in it so that person being selfish"

Yet for many of the participants fragility is always individualised. And so, the emphasis of suicidality was not construed through the lens of the larger external environmental context. Suicide was constructed through the lens of an individual who was dealing with the weight of unbearable emotional pain and in this instance had the right to end his or her own suffering. There was so much emphasis on internal pain that overshadowed the social ramifications of how suicide would affect families, friends, and the wider community. From this perspective suicidality was about grappling and dealing with circumstances that are overwhelming and so made the focus to be on the self.

"It is okay for you if you want to end that suffering. Because ultimately you are the one living with it, yes people are going to stay behind and deal with that pain. It is selfish for them to want you alive because they do not feel that pain, you are the one who is living in pain."

"And I think it's also like selfishness is a very interesting concept in terms of suicide because sometimes it's not necessarily selfishness it's just an inability to overlook like your situation…"

4.2. Perceived suicide risk factors

Students identified a myriad of risk factors which causes turmoil and stress in their lives, and their struggles to disclose their emotional struggles and access appropriate help. The reasons and circumstances that contributed to suicidality could be categorised as either relating to institutional factors such as academic and financial stress, emotional distress, and reluctance to seek help. Each of these subthemes is presented and expanded upon next.

4.2.1. The turbulence of university life drives one to despair

Students felt an overwhelming pressure to perform within the academic setting. The quest for academic success was accompanied by maladaptive studying and learning styles that were counterproductive to positive academic outcomes. As students reflected on their academic journey, they felt that there were external expectations regarding their level of achievement which needed to be upheld even when detrimental to their health. There was a sense that the academic stress was more salient for first generation university students who must deal with the stressors related to upholding the academic requirements, navigate through a system that was historically exclusive to White people while also living up to upholding the family name. Students felt that family members who are not familiar with institutional pressures to succeed would not be able to understand the complexities and struggles that they endure within the academic space. Therefore, the burden to uphold family expectations created a distressing need for academic excellence among students that contributed to distress and suicidality.

> *"in second year it's like you start thinking about honours and masters so now you push yourself to a point where you are tired… where nobody cares even to check up on you … you are always trying to work hard, like everyone is looking at your marks there's so much pressure, so much on you and you even end up just committing suicide cause it's too much to handle to think that it would relieve you of the pain that you're feeling"*
>
> *"…There's a lot of pressure to pass especially for Black people because some of us are like first-generation university goers… so you cannot fail because then you go home to people who haven't had the opportunity to do what you're doing and tell them you failed…. They going to be like "Why'd you fail, you're lazy" … There is a lot that you go through so pressure is a big one"*

The pressure to succeed within the institution did not only stem from external sources such as family expectations but was also motivated by students' own perceptions of being immersed in a competitive environment. They felt that a culture of achievement was eminent within the institution and was a driving force for pressure and stressors . The academic stressors also emanated from students' own struggles to adapt to a new working environment with an increased academic workload and longer working hours. As students transition from high school to university, they felt the pressure to keep pace with the academic curriculum which many found overwhelming and exhausting. They struggled to strike a balance between their academic and interpersonal needs and felt engulfed with stress to the point where they contemplated suicide.

"Wits has a reputation and then when you don't do so well it just puts so much pressure on you"

..."I think you feel overwhelmed and a lot of the timing like you gotta learn how to cope with stress and assignments and then tests and then you know like you learn the content that you learnt that week cause next week you're not going to touch it, it's a lot."

"...You must be very much into your work... Like the amount of pressure and like the load of work we get, leaves no time for me to be taking care of my mental..."

"...first year is just a really big shock from high school that...because there's a lot of work to get through and...that's scary because if we not getting it if not getting through it quick enough how's it going to be later on when there's more content when it's harder when we have less time..."

Students made a point that the university fees fuelled the pressure to succeed academically. Students themselves as well as their parents had the undeniable expectation for guaranteed positive academic outcomes because of the financial investments that was poured

into students' pursuit of a higher education. The issues of financial distress and academic pressure held up despite some having academic scholarship. Financial distress not only fuels the academic pressure experienced by students it also added a unique pressure of its own. Students were very much cognisant of the economic costs of being enrolled within the higher education system and the financial sacrifices that parents would need to make. Therefore, being dependent on parents evoked feelings of guilt at being responsible for the financial hardships' experiences by parents. To this end students felt that they were a burden onto their parents and held onto the thought that they would be better off without them. Because students already felt like a burden, they did not access any form of support to help them regulate these feelings.

> *"Finances as well that's a thing like you find people who come from like really like really rural parts of South African they can't really finance fees for example or get a bursary and then you start studying and then at some point in time at like second year third year you have to you fail right and then the bursary drops you feel like a failure whatever or you don't know how to face like how things are so you just might as well kill yourself…"*
>
> *"If you're not on any sort of bursary so the pressure from your parents also comes with, I have to work well because they're spending all that they have to keep me here…"*
>
> *"It is embarrassing having to speak on personal things that lead you to being suicidal or having suicidal thoughts. In my case most of it came from having financial burdens and carrying them by myself because of not wanting to stress my parents or wanting to feel pity from others" (Participant 14).*

4.2.2. Growing pains and psycho-social strains

Beyond institutional stressors of academics and finances, students expressed that, negative emotions play a role in the susceptibility for suicidal ideations and behaviours. Students explicitly implicated psychological strains related to depression to be associated with suicidal ideation. There was the general feeling that a mind engulfed by negative emotions hindered cognitive efforts to actively engage with stressors and they lacked coping resources to target the problem. Students spoke of how feeling depressed and anxious depleted or altered an individual's repertoire of coping resources such that they lacked insight and the resolve to implement problem-focused strategies to reduce distress. Such deficits results in negative cognitive appraisals of an individual's ability to change or adapt to the stressors and rendered feelings of hopelessness, helplessness, and despair. Therefore, negative cognitive biases towards the self and possible positive outcomes resulted in the misinterpretation of stressors as fixed and unmanageable.

> *"Generally, when you reach a point of being suicidal it's because of being depressed"*
>
> *"But you have anxiety and that causes your depression and suicidal thoughts…."*
>
> *"I think like mental illness not in the sense that it's like not a root cause but then like it clouds your mind sets and your judgement like small problems seem a lot bigger if your mind is somewhere else …normally if there's like a problem with something you can just do it or whatever but like when your mind set is completely different then it seems so much bigger or so much worse than it actually is…"*

4.2.3. Reluctance to seek help

Participants were aware of the need to adequately recognise, process and deal with problems because without these coping strategies maladaptive outcomes were inevitable. Students made the point that the prolonged inhibition of emotions led to pent-up tensions that

were consuming for the individual to the point of suicide. The lack of emotion regulation is indicative of poor coping mechanisms and resources to successfully target and reduce subjective negative emotion. Furthermore, students felt that internalising distress led to fewer interpersonal resources of support which further exacerbated emotional and psychological distress. Therefore, emotion suppression was associated with increased risk for suicide:

> *"Being suicidal is a…It takes a lot for you to get there you know… It's a matter of you not really talking about it enough or… Just letting everything fall out …to the point where you can't take it anymore right…"*
>
> *"I feel like internalizing… personal stuff and not talking to people because you tend to think that no one is actually there for you. When people are there for you…. just not talking with them or allowing them to help you like building the boundary like I don't want anyone around me and… and then you deal with situations alone and it becomes overwhelmed for you"*
>
> *"…you internalizing things uhm… Like your problems you don't face them and then one day they're just well they're going to manifest and then there's just going to blow up and that day you're going to feel like the whole world is just on your shoulders and in that moment you're like okay honestly, I uhm time out I can't do this"*

Students engaged in a variety of help-avoidance or disengagement strategies to manage their challenges. Although some students reported healthy coping strategies such as exercise or playing sports many students engaged in maladaptive and flawed coping styles. In response to the question of how they deal with challenges students reported resorting to a social media platform such as twitter to express themselves, the intake of substances such as marijuana and alcohol to cope. Elaborating on their decision to self-express on social media students felt they did not always have somebody available to speak to and they found it easier to dissect their thoughts. Through social media students could be in control of the narrative,

do it anonymously and not anxiously await negative responses from others. This is what students had to say:

> *"You distract yourself you drink you smoke have fun you chase girls"*
>
> *"It's kind of like…from my point of view it's as though … Twitter and social media in general has become like a digital diary right so it doesn't matter really what the next person thinks of what you saying as long as you got it out there… sometimes you don't really know who to talk to about certain things or what to say to whoever you want to talk to about that so … just put it out there on the cyber space and you know let it stay there for a bit you know you'll delete it if you want to or whatever the case is it's just … a better form of self-expression I think"*

4.3. Social disconnections

This theme centred on the help-seeking barriers and the circumstances that would foster self-disclosure for suicidal distress. The fear of being stigmatised and shamed, a personal disposition to keep information private, complicated family dynamics, racial and ethnic stereotypes influenced students' decision to hide or disclose suicidality. This theme can be best understood through four subordinate themes beginning with stigma which is followed by gender and ethnic barriers to help-seeking, trust issues and finally perceived low social support.

4.3.1. Stigma

Stigma was the most salient reason for not disclosing suicidality as disclosing suicidality to others would be met with criticism, blame and judgement. Students were very concerned of the cognitive, emotional, and behavioural responses that others would have in response to the disclosure of suicidality. They were afraid that they would be labelled *"weak", "volatile"* or *"demon possessed*". Stigmatisation was seen to be damaging the self-concept and public image, as students who disclosed were constructed as *flawed or deviant*,

and thus non-disclosure served a protective function. Stigma was linked to a range of negative behavioural responses such as being rejected, isolated and simply being treated different. These anticipated negative social evaluations served to discourage disclosure among participants. Being labelled as *mentally ill* or *unstable* had the potential to alter interpersonal relationships and the risk of isolation was believed to outweigh the risks of receiving help.

> *"I will speak from my own experience, I kept suicidal thoughts to myself because I didn't want to be looked at as mentally ill. I have seen the stigma around people who attempted to kill themselves and never succeeded. After the failed attempt they are looked at as weak, mentally unstable and as bewitched…"*
>
> *"I believe if I was to tell someone I am suicidal, it would become something that I am branded as. Those who know will see me as suicidal and when I'm facing challenges will always be extra cautious around me because they feel I am a risk to myself"*
>
> *"And also, the whole thing where they say you are weak, so you are taking the easy way out yeah it's one of the things that people just don't talk about it"*

Some of the students mentioned that religious beliefs and practices influenced people's decisions to conceal suicidal ideation. Students indicated that the mere thought of suicidality was a sin therefore even uttering the words would be an abomination. From a moral perspective people did not have the right to choose how and when they died, this right belonged to a supreme being or God. Suicidality was understood to be a moral transgression before a high power and would be punished. The stigmatisation of suicidality within the religious framework was not only associated with labelling and discrimination in the present life but also the idea that the ramification of suicidality permeated into the afterlife. Participants commented that divine retribution was a consequence of suicidality. That is

suicidal ideators, attempters and those who die by suicide will be condemned to eternal damnation in hell.

I think from the spiritual perspective …that in religion suicide is seen as taboo so mentioning, talking about it and thinking about it you've actually sinned. So, you can't make another person aware that you've sinned because your God knows that you've sinned from reading your thoughts"

"Ya like if you're feeling suicidal the devil is taking over your body"

From the perceptions of participants, the derogatory responses from people prevented the disclosure of suicidality. So pervasive was this sentiment across the sample that they felt that the student population would benefit from interventions that aimed to remove the stigma of suicidal disclosure. Participants emphasised the need for educational programmes that would teach people about suicidality risk factors and the treatment options that are available. They felt this was necessary to neutralise stigmatising attitudes towards suicidal distress. It was suggested that suicide literacy programmes should be introduced in schools as early as the primary phase of learning to inform and equip people about suicidal thoughts and behaviours. This indicates that students struggle with misconceptions based on the cultural discourses that they were exposed to, and that they struggled to challenge public stereotypes, prejudice and unsavoury behaviours. This was considered as an important barrier to help seeking. They also felt the need for mental health and suicide literacy programmes that could normalise the distress and result in less stigma and improve the accessibility of support and problem solving. Under these circumstances concealment behaviours could be reduced.

"Remove the stigma. You need to remove the stigma"

"Cause I think especially in high school suicide should be discussed, … cause at varsity where would you discuss suicide, unless you go to a group or something. S,o I

think especially in high school if it's not discussed at all how to deal with it or what to do, … for us it's just like don't mention it, don't "

"And then from a young age start having conversations just like this like L.O I know it's supposed to be kind of like this but L.O….So like take it seriously in L.O and just start having conversations like this and just from primary school"

4.3.2. Gender and ethnic barriers

Race and culture were also believed to feature in mental health literacy. Specifically, students felt that African ideologies framed the concepts of mental illness, suicidality and mental health help-seeking as being Eurocentric or White. This negative perception about mental ill health perpetuated stigma and stereotypical attitudes towards help-seeking. These constructions of mental health and distress entrenched the culture of concealment amongst African students.

"There is a negative perception attached to mental illness, which causes an individual to feel like their symptoms will not be understood or that they would come off as weak. Many non-western families do not believe in mental health as a priority or a medical issue that deserves treatment and therefore do not understand or accept suicidal thoughts as a valid reaction to one's problems"

"If I had to mention issues as such mental issues, they're like no you're coming here with your white stuff …then it becomes an issue as like you're not black enough…if you were black enough, you'd be able to handle these issues like your African sisters I mean sisters and ancestors…so it's kind of like it's not really that important like we'll get over it"

Students felt that people are immersed in a gendered-culture of help-seeking behaviours. They articulated that society socialised men to be self-reliant, pursue status and to be in control of their emotions. In contrast, society reared and expected females to be vocal

and expressive of their emotional intentions and distress. The female body is granted permission to cry for help in times of distress, whereas males are called *weak* and expected to *toughen up* when they encountered a crisis or emotional turmoil. Gender norms prevented men from accessing health care and disclosing suicidal distress to anybody. The participants shared their views as followed:

> *"I also think boys are at a disadvantage because of how society … so girls are raised to emotionally express themselves… and boys aren't really taught. Boys are taught just to work to provide for the family…"*
>
> *"It can also be linked to gender because women are encouraged to speak more, women are seen as more likely to bitch about everything but then as a guy you shouldn't bitch about things, you need to be a man and deal with your problems by yourself, you'll find a lot of guys need therapy… can't even take themselves to a GP, so never mind a therapist…"*

4.3.3. Trust issues

Lack of trust and betrayal of confidentiality were also barriers to concealment. Some students felt that they lacked confidence to disclose their emotions. While other students believed that concealment of suicidal distress was understood to be a self-protective coping strategy from malicious outcomes. Suicidal distress was perceived as negative and distressing information that had the potential to damage one's reputation and self-image and hence would require guaranteed confidentiality. Also, disclosure of such information was associated with causing internal discomfort which further motivated the need to keep suicidal distress private. Therefore, situational circumstances confined students to struggle with suicidal distress without access to informal and formal sources of help.

> *"I think of it as trust… I've got major trust issues…My trust issues that I cant even be truthful about myself sometimes how am I supposed to be truthful with somebody else,*

let alone a stranger…how can I be open about something I don't want to say or accept, so yeah trust is a big thing it's pretty hard it's a scarey thing…"

"It would be due to how critical people are about suicidal thoughts. How information is used nowadays to blackmail people to have advantage over them"

"I struggle to talk to strangers well even some family, so I just don't talk to people literally. If it's something really deep or sad whatever I just talk to my mom or my sister…I realise…like I don't trust people especially like they don't have good intentions."

4.3.4. Perceived low social support

One of the reasons students concealed suicidal ideation was the perception that emotional support would not be forthcoming. Students believed that parents and other adults may lack the understanding and compassion because they perceived the modern generation as a privileged group who fundamentally had easy access to information, technology, and mobility. Because of this belief students felt that older persons had negative attitudes towards younger people seeking mental health care and considered them entitled. They felt that they could not be open about the mental health challenges to their elders because they struggled to empathise with the contemporary challenges faced by the current generation, because their struggles revolved around basic needs and access to education which they have provided for their children.

"…With the whole family thing they tend to belittle your situation like you say I'm not okay because of 1 2 3, this is my situation and is it's not making me feel alright and then they'll be like uhm you're well off, when I was your age, I was doing this this this and they do not understand that them saying that is not going to fix your situation…so that's why sometimes you just don't speak because you know they'll be like "no when I was your age, I did this this this look now I'm fine…"

"But I think it's also like uh finding someone who doesn't minimise your struggles and that also links to generational because…I feel like we've all heard the speech of like back in my day I used to walk to school barefoot…through the veld or whatever and like now like the older generation sees us as spoiled so they could never understand perhaps what we're going through…"

Some students also experienced isolation and a poor level of belonging to the broader university context. The transition from high school into the university may have also meant a geographical relocation, and hence developing a supportive network may have been difficult, further exacerbating the loneliness. Independence and individuation were also difficult for some students, as the impersonal nature of student-staff relationships, highlighted the need to be problem solve, manage one's own support needs and become resilient. Hence, it was preferable to conceal one's emotional distress to prevent being constructed in a negative light.

"In high school you feel like you know everybody depending on how many years you've been in the same high school for but then when you come here, you're kind of like on your own almost like with no support structure in a way"

"…You move from high school and you like have friends and your teachers are all like paying attention to you coming to university it can all feel like very isolating…"

"…If there was something that was happening like nothing really ever happens people just go their separate ways…if there was more like Witsie-ness that would be a vibe I think it would have helped I think it would definitely"

4.4. Perceived burdensomeness

The main idea within this theme reflects students concerns on the potential negative impact that suicidal disclosure might elicit on others was a common reason for the concealment of suicidality. Of particular concern was the commonly held belief that suicidal disclosure would be burdensome on the chosen confidant and hence students felt it better to

deal with the problem of suicidal distress alone. These feelings were premised on the understanding or misconception that advisors or confidantes would feel burdened when they are unable to effectively help deal with the problem. Students' narratives reflected elements of hopelessness and helplessness which rendered help-seeking a pointless endeavour as the tensions associated with suicidal distress tended to linger to longer periods of time requiring long term and sustained engagements with a confidante. This construction resulted in a belief that sharing their suicidal angst would be burdensome to others. Additionally, the helplessness made them feel that this was an individual matter which others could not understand to be of help.

> *"when you repeat the problem over and over again to somebody you start to feel like a burden you feel like…this person doesn't care. I'm boring them, same problems and they're not solving…so he might stop like talking to the person that you speak to because you're scared that they'll think that you're recurring problem is a burden on them"*
>
> *"I wouldn't want to burden anyone else with my problems, especially since I'd feel like they can't possibly help me overcome the situation. It's better to walk around with that heavy weight on my shoulders than try to share it with people who'll just look me in the eye and tell me everything going to be okay. When?"*

Students also feared the negative emotions that suicidality disclosure could evoke in the chosen advisor. The disclosure of suicidality was assumed to be a selfish process because students felt that it could potentially overwhelm others and was therefore considered inappropriate. Students did not want to elicit negative emotions in others and therefore practised inauthentic behaviours such as concealing and camouflaging their distress from friends and family. These responses indicated that students felt the pressure to care for the

emotional well-being of those in their support network and hence would isolate themselves as a behavioural strategy to do so.

> *"I think I've reached a point where I was suicidal once, but I didn't really talk to anyone cause I didn't really want to put it out there…like put out the negativity … like if this is how I'm feeling the next person shouldn't feel like me you know"*

4.5. Chapter summary

The participants constructed suicidality as a means of escape from a turbulent psychological state characterised by hopelessness and helplessness and therefore an acceptable solution to psychological pain thus making concealment acceptable. The major stressors which appeared to defy problem solving efforts were financial difficulties, academic pressures, emotional distress, and perceived difficulties accepting either formal or informal help. Achievement anxiety, the perceived lack of support from family and feeling misunderstood fuelled internal tensions. Students' perspectives also revealed that they perceived that the inability to make positive meaning of their stressors posed as a risk factor for suicidality within the student population. The students' narratives indicated that rather than disclosing suicidality, undergraduate students preferred suicidal concealment. Suicidal concealment was motivated by a wide range of factors. The most persistent barriers to help-seeking was the issue of perceived stigma and negative sociocultural attitudes and the inclination to distrust others.

Chapter 5: Discussion and Conclusions

Suicide and concealment among university students is multifaceted. The reasons for concealing suicidal thoughts reflect both internal motivations, such as feelings of shame, helplessness, feeling isolated, mental health concerns and external motivations, such as fear of consequences that may result from telling others. Attitudinal factors, such as being a burden to others, stigma and its consequences, lack of perceived need for help, mistrust, and desire to be self-reliant, emerged more frequently than structural factors, such as lack of access help. Additionally, several reasons unique to university life, such as: academic competence, performance related anxiety, financial difficulties, and sense of belonging, emerged. Stigma has been identified as a primary reason for not seeking help by both men and women, but the deterrent effects of stigma may be stronger for male students. Racial and ethnic affiliation were linked to mental health awareness and mental health literacy and stereotypes which contributed to differences in reasons for concealing suicide ideation from informal sources. African students believed that their white counterparts may have informal sources who were more understanding of mental health dilemmas and therefore help seeking may be easier.

Joiner (2005) proposes that if a person retains either a sense of efficacy and contribution to a social group or meaningful interpersonal relationships, the person will remain attached to life and will not develop serious desire or intent to die by suicide. However, if the person is thwarted in both the need for a sense of belonging and the need to feel productive and effective, then the desire to commit suicide is likely to emerge. Joiner (2005) suggests that that increased experience with self-harming acts, especially potentially lethal acts, generates “competence and courage” (p. 291). According to this conceptualization, previous suicide attempts result in habituation to self-harm and diminish the impact of social taboos and fears associated with suicide, so that the prospect of relief

from psychological pain becomes more powerful than the threat of physical pain. A portion of the youth in the South African context are potentially subjected to such habituation as they are exposed to high levels of poverty, political tensions, violence, human rights violations, adolescent pregnancies and vulnerability to sexual assault, criminality, and trauma. This theory contributes to understanding the acceptability of suicide as an escape from pain.

Shneidman (1993) conceptualised suicidality as an escape from a perturbed state of mind or psychache. Psychache is theoretically defined as unbearable mental torment in response to an individuals frustrated, blocked, or thwarted psychological needs such as love, belongingness, or support (Verrocchio et al., 2018). Psychache is associated with ambivalence about dying because the individual does not want to die but just wants the psychological misery to stop. But it is not just the overflooding of mental pain that increases one's susceptibility to suicidality, it is also the cognitive breakdown associated with this hurt that paints suicidality as acceptable. In the presence of psychache the mind enters a narrow state of cognitive constriction or inflexibility which prevents the individual from imagining or generating alternative solutions in response to stressors (Miranda et al., 2012; Miranda et al., 2013). A longitudinal study conducted by Miranda et al., (2013) found that cognitive inflexibility was associated with suicidality through the maladaptive cognitive style of brooding rumination in a sample of undergraduate students. They concluded that students who home in on unwanted negative emotions cannot engage in adaptive psychological or behavioural strategies and might conclude that their circumstance is hopeless. Jose and Weier (2013) defined brooding rumination as "…a passive copying style when individuals focus on the causes, consequences, or symptoms of distress without taking active steps to change their feelings" (p. 1210) and has been shown to be correlated with cognitive rigidity, problem solving deficits and poor help-seeking behaviours.

The impact of psychological distress on student suicidality has been a persistent finding across the literature (Farabough et al., 2012; Garlow et al., 2008). For instance, Arnett's (2000) developmental theory of emerging adulthood sets forth the premise that individuals between the ages of 18 and 25 year are in a developmental life stage characterised by instability and uncertainty as many explore the kind of person they want to be and the life they would like to live. Admittedly this life phase can be daunting and confusing as instability and uncertainty might arouse feelings of self-doubt, anxiety, and depressed moods. The connection between suicidality, rumination and cognitive inflexibility could explain why students who struggle to disengage from their own dysphoric mood might struggle to actively engage other cognitive resources which function to facilitate adaptive and effective coping styles during a crisis. Therefore, students cling onto the belief that dire circumstances will never get better and feel so flawed and inadequate because they cannot solve the problem. This coping style elicits feelings of hopelessness-helplessness which increases students' vulnerability to suicidality. Students become stuck in a dichotomous intrusive thinking cycle- either continuous mental pain or cessation.

Hjelmeland (2008) suggests that students at the undergraduate level of study are especially vulnerable to academic stressors as some struggle to balance new academic demands, longer study hours, exam preparations, assignments, and social activities. It is important to note that it is not just the transitional nature of university that exacerbates the academic stress experienced by students. In accordance with the current findings, Agolla and Ongori (2009) reported that self-imposed overwhelming expectation, high expectations from family members and peer-to-peer competitiveness were associated with academic stress in a sample of undergraduate students in Botswana.

It is interesting that it is not just students who are on the brink of academic exclusion or those who have experienced a decline in the academic performance who report academic

stress, even typically high achieving students report that the fear of failure is stressful. A grade received in all phases of learning only functions to communicate back to learners how well they (mis) understand concepts yet for many students' academic grades have become the measure by which they define their self-worth. According to Winkler (2018) the practice "that college students consider their grades and academic performance as contingencies of their self-worth is at best troubling and at worst life threatening" (p. 6). Previous research evidence indicated that university students who partly or holistically stake their self-worth based on academic achievement are more likely to suffer from feelings of depression, anxiety, worthlessness, shame, humiliation, and inferiority when they are faced with academic failure or receive lower than expected grades (Liao & Wei, 2014; Winkler, 2018). Psychological distress has been associated with suicidal death across the literature (Hawton & van Heeringen, 2009).

Students' financial concerns merit consideration as over the past decade the cost of tertiary education has been in the limelight. A significant portion of students must take out loans due to increasing costs and limited government funding (Joo et al., 2008). The issue of financial was brought into sharp focus with the mass movement #FeesMustFall in 2015. Students around the country protested the increments in university fees and declared that the 5% subsidy offered by the department of higher education was insufficient to cover the cost of books, accommodation, and tuition. A study conducted at the University of Johannesburg, South Africa by van Breda (2017) confirmed that financial concerns ranked first in a list of life challenges faced by university students, and student poverty was ranked third. Financial stress was also associated with poor academic outcomes and overall life satisfaction 2-3 years later (van Breda, 2017). Another study examining the high costs of education found that students enrolled at the University of Namibia struggled to pay for accommodation, academic fees and had insufficient money to travel to class and practical sessions which resulted in

absenteeism among this cohort (Ndahepele et al., 2018). These findings bring into context the harsh financial circumstances that students face to secure a higher education qualification.

In these circumstances university students opt for employment while simultaneously pursuing their qualification. Purcell and Ellis (2010) found that the most cited reason British undergraduate students took paid employment was to assist with essential living costs and to avoid getting into debt. The research suggests that students who work while studying are more likely to take longer to complete their qualification, spend less time on their studies and witness a decline in their grades (Purcell & Elias, 2010; Richardson et al., 2017). Financial stress does not only lead to academic decline, research evidence indicates that it also severely impacts the mental health of students. Richardson et al., (2017) found that financial concerns led to depression, stress, and alcohol dependence over time, furthermore symptoms of depression worsened among students who had considered taking leave or dropping out due to poor financial circumstances. Throughout the literature depression, academic failure and alcohol dependence have been notoriously associated with suicidal ideation among university students and dropping out of university has been shown to increase the odds of suicide death by at least 50% (Burton-Denmark, 2011).

Financial strain, "debt may be disabling in the sense that it encourages withdrawal from campus life" (Quadlin & Rudel, 2015, p. 18). These students are less likely to participate in socially engaging activities on campus and miss the opportunity to socially connect with their peers or faculty staff outside of the classroom and struggle to meet their academic demands. Students with financial concerns are inactive in the overall campus experience and spend most of their time working or studying (Adams et al., 2016; Quadlin & Rudel, 2015). The detached lifestyle from engaging with peers and participating in extracurricular activities might diminish students' subjective feelings of being academically and socially integrated within the university setting. The lack of integration within the

campus environment has been described isolating and manifests by a diminished sense of belonging or lack of membership within the university community (Adams et al., 2016). A thwarted sense of belonging has been linked to reduced motivation and lower academic performance. The concept of thwarted belonging is one of the key constructs in the interpersonal theory of suicide and has consistently been liked to suicidal ideation, attempt and death (Van Orden et al., 2010).

According to Larson et al., (2015), the self-concealment model proposes that suicidality motivates a range of goal-directed behaviours that lead to secrecy, rumination, inauthenticity, and non-disclosure. Burton Denmark et al., (2012) suggest that the derogatory evaluations which students anticipate from society, motivates them to conceal suicidal ideation. Consistent with previous research stigma has been established as the most persistent barrier to mental health help-seeking for university students across the globe (Eisenberg et al., 2009; Vidourek et al., 2014). According to Kersting (2013) stigma associated with suicide is persistent across time, with legal, psychosocial, and religious views and practices that uphold and perpetuate it. For instance, historically religion has condemned suicidality as a sinful act, with human life view as sacred, created for a purpose by the divine. This view indicates that only the divine has the right to choose when and how a life should cease (Osafo et al., 2011). In the event of a death by suicide the deceased are denied a religious funeral or the prerogative to be buried on consecrated church grounds because suicide is an unholy act that deserves punishment. In societies and families where, social desirability is the norm, a death by suicide is thought to tarnish the family name, bring shame, results in rushed funeral procedures and the of cause of death is shrouded in secrecy (Parish & Tunkie, 2005). In many African countries like Nigeria, Ghana, and Uganda a suicide attempt is regarded a criminal act and is punishable by paying a fine or three years imprisonment (Adinkrah, 2016; Hjelmeland et al., 2014). Although there are no legal constitutional ramifications of

suicidality in South Africa however stigma remains a pervasive barrier to seeking psychological help among university students (Jithoo, 2018). Societal stigma towards suicide prevents open conversations from which students could adopt the language needed to describe the emotionally charged experience of feeling suicidal. Burton Denmark (2011) suggests that stigma reducing campaigns that feature group narratives centred on students' suicidal disclosure in the presence of supportive family and friends would help persuade students that the disclosure is not always associated with negative reactions. Because religiosity is a significant factor on how people come to understand suicidality, religious organisations cannot be neglected on the pathways to de-stigmatising suicidality.

"Culture affects all aspects of health and illness, including the perception of it, the explanations for it, and the behavioural options to promote health or relieve suffering" (Saint Arnault, 2009, p. 260). Therefore, campaigns aimed at fostering an environment of disclosure should seek to target group norms about suicidality. Misconceptions which portray black people as resilient and having strength of character because they faced adversity and historical trauma, further stigmatise suicidality as culturally unacceptable and weak (Spates, 2019). Suicide literacy campaigns could also do well to demystify myths concerning suicidality and race. It would be useful to provide information detailing that suicidality can and does affect every individual regardless of race. Social support from community members can help facilitate an environment of openness regarding suicidality (Frey et al., 2018).

Social connectedness and social support in relation to variables associated with suicidal ideation (e.g., depressive symptoms) reflects some evidence for Joiner's (2005) proposed relationship between thwarted belongingness and suicidal ideation. When social support needs are inadequately met, it impacts the self-worth, results in social disconnection, feelings loneliness, rejection, social withdrawal, and results in family conflicts. These findings are consistent with other studies that highlight the importance of social support in

buffering against suicidal distress (Burton Denmark, 2011; Burton Denmark, 2012). Improving social connectedness on campus could be more salient for undergraduate students who have no existing social support within the university environment. Silverman (2008) suggests that increasing campus social connectedness should move beyond simply encouraging students to get involved in extracurricular activities and provide opportunities to create reciprocally caring and meaningful relationships among students. Enhancing social support among students could potentially increase perceived levels of trust, which according to Jithoo (2018) serves as a barrier to mental health help-seeking. In this study, students needed a guarantee that their secret will be kept hidden from external parties and were therefore hesitant about disclosing suicidality. One possibility for this finding is that students perceive the disclosure of suicidality as personal sensitive information that could tarnish one's social image and felt cautious about sharing suicidal thoughts. As postulated by the self-concealment model the fear of being negatively perceived others is an antecedent for self-concealment (Larson et al., 2015).

If someone already feels as if they do not belong as part of a social network (e.g., family, friend group, community), then it may feel as if no one cares enough to listen and help during a time of need (Joiner, 2005; Van Orden et al., 2010). Similarly, if an individual also feels as if they are causing more harm than good to loved ones (i.e., feeling as if they are a burden), then this person may likely also feel that disclosing an emotional crisis will cause even more burden to those around them. These interpretations may lead someone to want to disappear rather than trying to push through those barriers to seek help.

5.1. Conclusion

Suicidality "remains a topic often whispered than spoken aloud" (Parrish & Tunkie, 2005, p. 90). These words by Parrish and Tunkie (2005) paint the perfect idea of just how rife the concealment is in our homes, working environments and institutions of learning. The

present study aimed to provide an in-depth understanding of why students make the decision to hide their suicidal ideation. Research that explores students' motivational and inhibitory attitudes and behaviours of help seeking during suicidal crises have the prospect to enhance or design effective preventative strategies that will lessen the burden of student suicide deaths. Furthermore, the study purposefully set out to establish the factors that would evoke the disclosure of suicidal thoughts and feelings among students. Using a grounded theory approach the study was able to unearth the reasons and circumstances that would cause students to conceal suicidal distress. The factors that hindered students' disclosure for suicidal distress where not related to issues of accessibility, affordability, or the availability of psychological care but to the issue of having to accept and deal with suicidal ideations. University campus counselling centres should work on changing the health seeking beliefs, attitudes of university students. Intervention campaigns should work on de-stigmatising suicidality to create an environment where students will freely express distress related to suicidality. However, such intervention should caution against painting suicide as a normal and acceptable resolution to distress.

5.2. Strengths, limitations, and recommendations

Considering that suicide research within South Africa and Africa is still it its nascent stage (Mars et al., 2014), more efforts to explore how a collective group of people conceptualise suicidality and probe into the factors that lead to the non-disclosure of suicidal distress within this context is required. Therefore, this study serves as a steppingstone upon which to add a depth of knowledge into the already meagre suicide knowledge economy of Africa. The study also responded to the call to methodologically diversify the field of suicidology and move beyond the mainstream approaches of quantitative design (Hjelmeland & Knizek, 2010; Mars et al., 2014). Persuasively articulated by Mars et al., (2014) "qualitative studies are needed which are able to take more of the complexity of suicidal

behaviour and the socio-cultural context into consideration" (p. 9). Utilising a qualitive approach the study gave voice to student participants thus yielding a powerful and nuanced understanding of students' perceptions of suicidality and the psychosocial factors that influence the pathway to help-seeking. Although the study has made a worthwhile theoretical contribution to the literature, it is not without its limitations.

A glaring limitation of the study was that the sample consisted of participants from a single metropolitan university and therefore the extent to which the study findings and recommendations can be applicable to other contexts should be interpreted with caution. The sample disproportionately consisted of more females than males. Therefore, future studies should aim to recruit a more diverse gender sample so as not to miss the opportunity to gain insight into the mental health seeking behaviours of male university students.

To foster a campus ethos that embraces the disclosure of suicidality, university campuses should be inspired to create programmes and strategies that will aim to eradicate the stigma of suicidality on campuses. Investing in suicide literacy ventures could help change negatives beliefs about people with suicidality and therefore encourage help seeking behaviours among students. Additionally, such efforts could inspire students to band together and create a supportive ecosystem that will help achieve increased help-seeking for suicide. In essence the study proved to be a worthy exploration into how university students make meaning of and deal with suicidal distress.

References

Adams, D. R., Meyers, S. A., & Beidas, R. S. (2016). The relationship between financial strain, perceived stress, psychological symptoms, and academic and social integration in undergraduate students. *Journal of American college health, 64*(5), 362-370. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5086162/pdf/nihms824190.pdf

Adinkrah, M. (2016). Anti-suicide laws in nine african countries: Criminalization, prosecution and penalization. *African Journal of Criminology and Justice Studies : AJCJS, 9*(1), 279-292. https://www.proquest.com/scholarly-journals/anti-suicide-laws-nine-african-countries/docview/1801623959/se-2

Agolla, J. E., & Ongori, H. (2009). An assessment of academic stress among undergraduate students: The case of University of Botswana. http://168.167.8.130/bitstream/handle/10311/837/Ongori_ERR4_2009.pdf?sequence=1&isAllowed=y

Alabi, A. A., Oladimeji, O. K., & Adeniyi, O. V. (2021). Prevalence and factors associated with suicidal ideation amongst college students in the Nelson Mandela Bay Municipality, South Africa. South African Family Practice, 63(1), 5195-5204. https://0-journals-co-za.innopac.wits.ac.za/doi/pdf/10.4102/safp.v63i1.5195

Al-Qaisy, L. M. (2011). The relation of depression and anxiety in academic achievement among group of university students. *International journal of psychology and counselling*, *3*(5), 96-100. https://academicjournals.org/journal/IJPC/article-full-text-pdf/11834AF14418.pdf

Anyan, F. (2013). The influence of power shifts in data collection and analysis stages: A focus on qualitative research interview. *The Qualitative Report, 18*(18), 1-9. https://0-www-proquest-

com.innopac.wits.ac.za/scholarly-journals/influence-power-shifts-data-collection-analysis/docview/1505321395/se-2?accountid=15083

Armiento, Jenna S., Chloe A. Hamza, and Teena Willoughby. "An examination of disclosure of nonsuicidal self-injury among university students."*Journal of Community & Applied Social Psychology* 24, no. 6 (2014): 518-533. http://www.brockadolescentdevelopmentlab.ca/uploads/1/1/2/6/112616517/armiento_et_al._2014_-_an_examination_of_disclosure_of_nonsuicidal_self-injury_among_university_students.pdf

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. American psychologist, 55(5), 469-480. https://psycnet.apa.org/fulltext/2000-15413-004.pdf

Arnett, J. J. (2007). Emerging adulthood: What is it, and what is it good for?. Child development perspectives, 1(2), 68-73. https://srcd.onlinelibrary.wiley.com/doi/pdf/10.1111/j.1750-8606.2007.00016.x

Arria, A. M., O'Grady, K. E., Caldeira, K. M., Vincent, K. B., Wilcox, H. C., & Wish, E. D. (2009). Suicide ideation among college students: A multivariate analysis. *Archives of suicide research*, *13*(3), 230-246. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709750/pdf/nihms115855.pdf

Arria, A. M., Winick, E. R., Garnier-Dykstra, L. M., Vincent, K. B., Caldeira, K. M., Wilcox, H. C., & O'Grady, K. E. (2011). Help-seeking and mental health service utilization among college students with a history of suicide ideation. *Psychiatric Services*, *62*(12), 1510-1513. https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.005562010

Baca-Garcia, E., Perez-Rodriguez, M. M., Oquendo, M. A., Keyes, K. M., Hasin, D. S., Grant, B. F., & Blanco, C. (2011). Estimating risk for suicide attempt: Are we asking the right questions?: Passive suicidal ideation as a marker for suicidal behavior. Journal of affective disorders, 134(1-3), 327-332. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3172880/pdf/nihms315322.pdf

Baca-Garcia, E., Perez-Rodriguez, M. M., Oquendo, M. A., Keyes, K. M., Hasin, D. S., Grant, B. F., & Blanco, C. (2011). Estimating risk for suicide attempt: Are we asking the right questions?: Passive suicidal ideation as a marker for suicidal behavior. Journal of affective disorders, 134(1-3), 327-332. https://0-www-sciencedirect-com.innopac.wits.ac.za/science/article/pii/S0165032711003582

Bantjes, J., & Kagee, A. (2013). Epidemiology of suicide in South Africa: Setting an agenda for future research. *South African Journal of Psychology*, *43*(2), 238-251. https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.925.9272&rep=rep1&type=pdf

Bantjes, J. R., Kagee, A., McGowan, T., & Steel, H. (2016). Symptoms of posttraumatic stress, depression, and anxiety as predictors of suicidal ideation among South African university students. *Journal of American college health*, *64*(6), 429-437. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4959542/pdf/nihms799943.pdf

Bantjes, J., Kagee, A., & Meissner, B. (2017). Young men in post-apartheid South Africa talk about masculinity and suicide prevention. *South African journal of psychology*, *47*(2), 233-245. https://0-journals-co-za.innopac.wits.ac.za/doi/epdf/10.1177/0081246316665990

Bantjes, J., Lochner, C., Saal, W., Roos, J., Taljaard, L., Page, D., Auerbach, R.P., Mortier, P., Bruffaerts, R., Kessler, R.C., & Stein, D. J. (2019). Prevalence and sociodemographic correlates of common mental disorders among first-year university students in post-apartheid

South Africa: implications for a public mental health approach to student wellness. BMC public health, 19(1), 1-12. https://eds.p.ebscohost.com/eds/pdfviewer/pdfviewer?vid=0&sid=dd766e49-12eb-4424-9be9-fc4e95ee1f55%40redis

Bantjes, J., Breet, E., Lochner, C., Roos, J., Kessler, R. C., & Stein, D. J. (2021). Reducing nonfatal suicidal behaviour among university students: actuarial analysis of potential effects of treating common mental disorders. *South African Journal of Psychology*, *51*(1), 21-34. https://0-journals-co-za.innopac.wits.ac.za/doi/pdf/10.1177/0081246320973838

Bathje, G., & Pryor, J. (2011). The relationships of public and self-stigma to seeking mental health services. Journal of Mental Health Counseling, 33(2), 161-176.

Blanchard, M., & Farber, B. A. (2020). "It is never okay to talk about suicide": patients' reasons for concealing suicidal ideation in psychotherapy. *Psychotherapy Research*, *30*(1), 124-136. https://0-www-tandfonline-com.innopac.wits.ac.za/doi/epub/10.1080/10503307.2018.1543977?needAccess=true

Blosnich, J., & Bossarte, R. (2012). Drivers of disparity: Differences in socially based risk factors of self-injurious and suicidal behaviors among sexual minority college students. Journal of American College Health, 60(2), 141-149. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3340564/pdf/nihms-362074.pdf

Bowen, G. A. (2009). Supporting a grounded theory with an audit trail: An illustration. *International Journal of Social Research Methodology*, *12*(4), 305-316. https://0-www-tandfonline-com.innopac.wits.ac.za/doi/full/10.1080/13645570802156196

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101. https://biotap.utk.edu/wp-content/uploads/2019/10/Using-thematic-analysis-in-psychology-1.pdf.pdf

Brownson, C., Drum, D. J., Smith, S. E., & Burton Denmark, A. (2011). Differences in suicidal experiences of male and female undergraduate and graduate students. Journal of College Student Psychotherapy, 25(4), 277-294. https://www.tandfonline.com/doi/pdf/10.1080/87568225.2011.605692

Burton Denmark, A. L. (2011). *Why do suicidal students avoid seeking help? college students' self-reported reasons for concealing suicide ideation and their relationship to attempting suicide* [Doctoral, The University of Texas at Austin]. Texas ScholarWorks. https://repositories.lib.utexas.edu/bitstream/handle/2152/ETD-UT-2011-08-3756/BURTON-DENMARK-DISSERTATION.pdf?sequence=1&isAllowed=y

Burton Denmark, A., Hess, E., & Becker, M. S. (2012). College students' reasons for concealing suicidal ideation. *Journal of College Student Psychotherapy*, *26*(2), 83-98. https://0-www-tandfonline-com.innopac.wits.ac.za/doi/full/10.1080/87568225.2012.659158

Busby, D. R., Horwitz, A. G., Zheng, K., Eisenberg, D., Harper, G. W., Albucher, R. C., ... & King, C. A. (2020). Suicide risk among gender and sexual minority college students: The roles of victimization, discrimination, connectedness, and identity affirmation. *Journal of psychiatric research*, *121*, 182-188. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7008002/pdf/nihms-1546497.pdf

Buscemi, J., Murphy, J. G., Martens, M. P., McDevitt-Murphy, M. E., Dennhardt, A. A., & Skidmore, J. R. (2010). Help-seeking for alcohol-related problems in college students: correlates and preferred resources. *Psychology of addictive behaviors*, *24*(4), 571-591.

Butler, A. E., Copnell, B., & Hall, H. (2018). The development of theoretical sampling in practice. *Collegian*, *25*(5), 561-566. https://0-www-sciencedirect-com.innopac.wits.ac.za/science/article/pii/S1322769617301944

Calati, R., Ferrari, C., Brittner, M., Oasi, O., Olié, E., Carvalho, A. F., & Courtet, P. (2019). Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. *Journal of affective disorders*, *245*, 653-667. https://0-www-sciencedirect-com.innopac.wits.ac.za/science/article/pii/S016503271831694X

Calear, A. L., & Batterham, P. J. (2019). Suicidal ideation disclosure: Patterns, correlates and outcome. *Psychiatry research*, *278*, 1-6. https://0-www-sciencedirect-com.innopac.wits.ac.za/science/article/pii/S0165178119305359

Charmaz, K. (2014). *Constructing grounded theory*. Sage.

Conlon, C., Timonen, V., Elliott-O'Dare, C., O'Keeffe, S., & Foley, G. (2020). Confused about theoretical sampling? Engaging theoretical sampling in diverse grounded theory studies. *Qualitative Health Research*, *30*(6), 947-959. https://0-journals-sagepub-com.innopac.wits.ac.za/doi/pdf/10.1177/1049732319899139

Colucci, E. (2006). The cultural facet of suicidal behaviour: Its importance and neglect. *Australian e-Journal for the Advancement of Mental health*, *5*(3), 234-246. https://www.researchgate.net/profile/Erminia-Colucci/publication/45643619_The_cultural_facet_of_suicidal_behaviour_Its_importance_and_neglect/links/0912f5111941ec5f90000000/The-cultural-facet-of-suicidal-behaviour-Its-importance-and-neglect.pdf

Cope, D. G. (2014, January). Methods and meanings: Credibility and trustworthiness of qualitative research. In *Oncology nursing* forum, 41(1), 89-91. https://www.proquest.com/docview/1476482511/fulltextPDF/7CEF276F12D54D45PQ/1?accountid=15083

Connelly, L. M. (2016). Trustworthiness in qualitative research. *Medsurg Nursing*, *25*(6), 435-436. https://www.proquest.com/docview/1849700459/fulltextPDF/BC42737A34E44960PQ/1?accountid=15083

Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social science & medicine*, *50*(10), 1385-1401. https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.462.4452&rep=rep1&type=pdf

Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.

D'Agata, M. T. (2017). *The role of self-concealment and perfectionistic self-presentation in concealment of psychache and suicide ideation.* [Doctoral dissertation, Queen's University]. Available from ProQuest Dissertations & Theses Global. (1928877782). https://www.proquest.com/dissertations-theses/role-self-concealment-perfectionistic/docview/1928877782/se-2?accountid=15083

Davidson, J. E., Stuck, A. R., Zisook, S., & Proudfoot, J. (2018). Testing a strategy to identify incidence of nurse suicide in the United States. *JONA: The Journal of Nursing Administration*, *48*(5), 259-265. https://escholarship.org/content/qt0km9q5sr/qt0km9q5sr.pdf

Denzin, N. K., & Lincoln, Y. S. (2008). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Strategies of qualitative inquiry* (pp. 1–43). Sage Publications, Inc.

Desalegn, G. T., Wondie, M., Dereje, S., & Addisu, A. (2020). Suicide ideation, attempt, and determinants among medical students Northwest Ethiopia: an institution-based cross-sectional study. *Annals of general psychiatry*, *19(1)*, 1-8.

Dhingra, K., Boduszek, D., & O'Connor, R. C. (2015). Differentiating suicide attempters from suicide ideators using the Integrated Motivational–Volitional model of suicidal behaviour. *Journal of affective disorders*, 186, 211-218. https://www.sciencedirect.com/science/article/pii/S0165032715302160

Drum, D. J., Brownson, C., Burton Denmark, A., & Smith, S. E. (2009). New data on the nature of suicidal crises in college students: Shifting the paradigm. *Professional psychology: research and practice*, *40*(3), 213-222. https://www.saferhomescollaborative.org/wp-content/uploads/2019/06/Drum-2009-Nature-of-Suicidal-Crises-in-College-Students61421.pdf

Duarte, F., Gadda, T., Luna, C. A. M., & Souza, F. T. (2016). What to expect from the future leaders of Bogotá and Curitiba in terms of public transport: Opinions and practices among university students. Transportation Research Part F: Traffic Psychology and Behaviour, 38, 7-21. https://0-www-sciencedirect-com.innopac.wits.ac.za/science/article/pii/S1369847815002053

Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review*, *66*(5), 522-541. http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.966.1019&rep=rep1&type=pdf

Eskin, M., Ertekin, K., & Demir, H. (2008). Efficacy of a problem-solving therapy for depression and suicide potential in adolescents and young adults. *Cognitive Therapy and Research*, *32*(2), 227-245. https://0-link-springer-com.innopac.wits.ac.za/content/pdf/10.1007%2Fs10608-007-9172-8.pdf

Eskin, M., Sun, J. M., Abuidhail, J., Yoshimasu, K., Kujan, O., Janghorbani, M., Flood, C., Carta, M.G., Tran, U.S., Mechri, A., Poyrazul, S., Aidoudi, K., Bakhshi, S., Harlak, H., Moro, M.F., Nawafleh, H., Phillips, L., Shaheen, A…& Voracek, M. (2016). Suicidal behavior and psychological distress in university students: a 12-nation study. *Archives of suicide research*, *20*(3), 369-388. https://0-www-tandfonline-com.innopac.wits.ac.za/doi/pdf/10.1080/13811118.2015.1054055?needAccess=true

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American journal of theoretical and applied statistics*, *5*(1), 1-4.

Farabaugh, A., Bitran, S., Nyer, M., Holt, D. J., Pedrelli, P., Shyu, I., Hollon, S. D., Zisook, S., Baer, L., Busse, W., Petersen, T. J., Pender, M., Tucker, D. D., & Fava, M. (2012). Depression and suicidal ideation in college students. *Psychopathology, 45*(4), 228-34. http://dx.doi.org/10.1159/000331598

Frey, L. M., Fulginiti, A., Lezine, D., & Cerel, J. (2018). The decision-making process for disclosing suicidal ideation and behavior to family and friends. *Family Relations*, *67*(3), 414-427. https://0-onlinelibrary-wiley-com.innopac.wits.ac.za/doi/10.1111/fare.12315

Friedlander, A., Nazem, S., Fiske, A., Nadorff, M. R., & Smith, M. D. (2012). *Self-concealment and suicidal behaviors. Suicide and Life-Threatening Behavior, 42(3), 332-340.* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4553038/pdf/nihms713381.pdf

Fulginiti, A., & Frey, L. M. (2019). Exploring suicide-related disclosure motivation and the impact on mechanisms linked to suicide. *Death studies*, *43*(9), 562-569. https://0-www-tandfonline-com.innopac.wits.ac.za/doi/full/10.1080/07481187.2018.1504349

Garlow, S. J., Rosenberg, J., Moore, J. D., Haas, A. P., Koestner, B., Hendin, H., & Nemeroff, C. B. (2008). Depression, desperation, and suicidal ideation in college students: results from the American Foundation for Suicide Prevention College Screening Project at Emory University. *Depression and anxiety*, *25*(6), 482-488. https://www.datocms-assets.com/12810/1576949127-garlowetalcollegescreening.pdf

Gathoni, N. J., Sirera, M. A., & Olaly, W. (2019). Effectiveness of counselling services on retention rate of undergraduate students in selected universities in Kenya. *International Journal of Psychology and Counselling*, *11*(4), 30-38.

Gunnell, D., Caul, S., Appleby, L., John, A., & Hawton, K. (2020). The incidence of suicide in University students in England and Wales 2000/2001–2016/2017: Record linkage study. *Journal of affective disorders*, *261*, 113-120. https://0-www-sciencedirect-com.innopac.wits.ac.za/science/article/pii/S0165032719307943

Gvion, Y., Levi-Belz, Y., Hadlaczky, G., & Apter, A. (2015). On the role of impulsivity and decision-making in suicidal behavior. *World journal of psychiatry*, *5*(3), 255. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4582302/

Hadi, M. A., & Closs, S. J. (2016). Ensuring rigour and trustworthiness of qualitative research in clinical pharmacy. *International journal of clinical pharmacy*, *38*(3), 641-646.

Hamaideh, S. H. (2011). Stressors and reactions to stressors among university students. *International journal of social psychiatry*, *57*(1), 69-80. https://www.researchgate.net/profile/Shaher-

Hamaideh/publication/325667293_Stressors_and_reactions_to_stressors_among_university_students/links/5fe3119ea6fdccdcb8f401bf/Stressors-and-reactions-to-stressors-among-university-students.pdf

Hawton, K., & van Heeringen, K. (2009). Background and epidemiology. *Lancet*, *373*(1), 1372-81. http://www.pennem.com/wp-content/uploads/Lancet-2009-Hawton.pdf

Heary, C., & Hennessy, E. (2006). Focus groups versus individual interviews with children: A comparison of data. *The Irish Journal of Psychology*, *27*(1-2), 58-68. https://0-www-proquest-com.innopac.wits.ac.za/docview/194684963/fulltextPDF/927B473E6BD445B5PQ/1?accountid=15083

Herman, A. A., Stein, D. J., Seedat, S., Heeringa, S. G., Moomal, H., & Williams, D. R. (2009). The South African Stress and Health (SASH) study: 12-month and lifetime prevalence of common mental disorders. South African medical journal, 99(5). https://journals.co.za/doi/pdf/10.10520/EJC69477

Hill, R. M., & Pettit, J. W. (2012). Suicidal ideation and sexual orientation in college students: The roles of perceived burdensomeness, thwarted belongingness, and perceived rejection due to sexual orientation. Suicide and Life-Threatening Behavior, 42(5), 567-579. https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1943-278X.2012.00113.x

Hjelmeland, H., Akotia, C. S., Owens, V., Knizek, B. L., Nordvik, H., Schroeder, R., & Kinyanda, E. (2008). Self-reported suicidal behavior and attitudes toward suicide and suicide prevention among psychology students in Ghana, Uganda, and Norway. Crisis, 29(1), 20-31. https://www.researchgate.net/profile/Charity-Akotia-2/publication/5462206_Self-Reported_Suicidal_Behavior_and_Attitudes_Toward_Suicide_and_Suicide_Prevention_Amo

ng_Psychology_Students_in_Ghana_Uganda_and_Norway/links/00b4952d50ed9265cb000000/Self-Reported-Suicidal-Behavior-and-Attitudes-Toward-Suicide-and-Suicide-Prevention-Among-Psychology-Students-in-Ghana-Uganda-and-Norway.pdf

Hjelmeland, H., & Knizek, B. L. (2010). Why we need qualitative research in suicidology. *Suicide and Life-Threatening Behavior*, *40*(1), 74-80. https://www.proquest.com/docview/224886892/fulltextPDF/E0F2DB4225C54173PQ/1?accountid=15083

Hjelmeland, H., Osafo, J., Akotia, C. S., & Knizek, B. L. (2014). The law criminalizing attempted suicide in Ghana. *Crisis*. https://www.researchgate.net/profile/Osafo-Joseph/publication/258336447_The_Law_Criminalizing_Attempted_Suicide_in_Ghana/links/5b7c6a10a6fdcc5f8b59449c/The-Law-Criminalizing-Attempted-Suicide-in-Ghana.pdf

Howard-Payne, L. (2016). Glaser or Strauss? Considerations for selecting a grounded theory study. *South African Journal of Psychology*, *46*(1), 50-62. https://0-journals-sagepub-com.innopac.wits.ac.za/doi/pdf/10.1177/0081246315593071

Hom, M. A., Stanley, I. H., & Joiner Jr, T. E. (2015). Evaluating factors and interventions that influence help-seeking and mental health service utilization among suicidal individuals: A review of the literature. *Clinical psychology review*, *40*, 28-39. https://0-www-sciencedirect-com.innopac.wits.ac.za/science/article/pii/S0272735815000768

Hubbard, K., Reohr, P., Tolcher, L., & Downs, A. (2018). Stress, mental health symptoms, and help-seeking in college students. *Psi Chi Journal of Psychological Research*, *23*(4), 293-305. https://www.researchgate.net/profile/Paige-Reohr-2/publication/328033404_Stress_Mental_Health_Symptoms_and_Help-

Seeking_in_College_Students/links/5c741123299bf1268d2593bb/Stress-Mental-Health-Symptoms-and-Help-Seeking-in-College-Students.pdf

Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. Journal of adolescent health, 46(1), 3-10. https://0-www-sciencedirect-com.innopac.wits.ac.za/science/article/pii/S1054139X09003401?via%3Dihub

Jithoo, V. (2018). Contested meanings of mental health and well-being among university students. *South African Journal of Psychology*, *48*(4), 453-464. https://0-journals-co-za.innopac.wits.ac.za/doi/epdf/10.1177/0081246317731958

Joo, S. H., Durband, D. B., & Grable, J. (2008). The academic impact of financial stress on college students. *Journal of College Student Retention: Research, Theory & Practice*, *10*(3), 287-305. http://fpperformancelab.org/wp-content/uploads/The-Academic-Impact-of-Financial-Stress-on-College-Students.pdf

Jose, P. E., & Weir, K. F. (2013). How is anxiety involved in the longitudinal relationship between brooding rumination and depressive symptoms in adolescents?. Journal of Youth and Adolescence, 42(8), 1210-1222. https://0-link-springer-com.innopac.wits.ac.za/content/pdf/10.1007%2Fs10964-012-9891-3.pdf

Ludwig, J., Dreier, M., Liebherz, S., Härter, M., & von dem Knesebeck, O. (2021). Suicide literacy and suicide stigma–results of a population survey from Germany. *Journal of mental health*, 1-7. https://0-www-tandfonline-com.innopac.wits.ac.za/doi/pdf/10.1080/09638237.2021.1875421?needAccess=true

Kabiru, C. W., Izugbara, C. O., & Beguy, D. (2013). The health and wellbeing of young people in sub-Saharan Africa: an under-researched area?. BMC international health and human rights, 13(1), 1-7. https://link.springer.com/content/pdf/10.1186/1472-698X-13-11.pdf

Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of advanced nursing*, *72*(12), 2954-2965. http://usir.salford.ac.uk/id/eprint/39197/1/jan13031%20Martin%20Johnson%20June%202016.pdf

Kelly, A. E., & Yip, J. J. (2006). Is keeping a secret or being a secretive person linked to psychological symptoms?. *Journal of Personality*, *74*(5), 1349-1370. https://0-onlinelibrary-wiley-com.innopac.wits.ac.za/doi/10.1111/j.1467-6494.2006.00413.x

Kersting, K. R. (2013). *Families surviving suicide: An interpretive phenomenological investigation of families' responses to suicide* (Order No. 3611035). Available from ProQuest Central; ProQuest Dissertations & Theses Global. (1501469516). https://www.proquest.com/dissertations-theses/families-surviving-suicide-interpretive/docview/1501469516/se-2?accountid=15083

Kettmann, J. D. J., Schoen, E. G., Moel, J. E., Cochran, S. V., Greenberg, S. T., & Corkery, J. M. (2007). Increasing severity of psychopathology at counseling centers: A new look. *Professional Psychology: Research and Practice*, *38*(5), 523-529. https://0-psycnet-apa-org.innopac.wits.ac.za/fulltext/2007-14485-013.pdf?sr=1

Kirk, Alton R. 2009. Black Suicide: The Tragic Reality of America's Deadliest Secret. Silver Spring, MD: Beckham Publications.

Kisch, J., Leino, E. V., & Silverman, M. M. (2005). Aspects of suicidal behavior, depression, and treatment in college students: Results from the Spring 2000 National College Health Assessment Survey. *Suicide and Life-Threatening Behavior*, *35*(1), 3-13. https://0-onlinelibrary-wiley-com.innopac.wits.ac.za/doi/epdf/10.1521/suli.35.1.3.59263

Klonsky, E. D. (2007). The functions of deliberate self-injury: A review of the evidence. *Clinical psychology review*, *27*(2), 226-239. http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.901.4205&rep=rep1&type=pdf

Klonsky, E. D., & May, A. (2010). Rethinking impulsivity in suicide. Suicide and Life-Threatening Behavior, 40(6), 612-619. https://onlinelibrary.wiley.com/doi/pdf/10.1521/suli.2010.40.6.612

Klonsky, E. D., & May, A. M. (2014). Differentiating suicide attempters from suicide ideators: A critical frontier for suicidology research. *Suicide and Life-Threatening Behaviour*, *44*(1), 1-5. https://www2.psych.ubc.ca/~klonsky/publications/CriticalFrontier2014.pdf

Klonsky, E. D., May, A. M., & Saffer, B. Y. (2016). Suicide, suicide attempts, and suicidal ideation. *Annual review of clinical psychology*, *12*, 307-330. https://www2.psych.ubc.ca/~klonsky/publications/AnnualReview2016.pdf

Kootbodien, T., Naicker, N., Wilson, K. S., Ramesar, R., & London, L. (2020). Trends in suicide mortality in South Africa, 1997 to 2016. International journal of environmental research and public health, 17(6), 1850. https://www.mdpi.com/1660-4601/17/6/1850/htm

Krueger, R. A., & Casey, M.A. (2014). *Focus groups: A practical guide for applied research*. Sage publications.

Lai, Y. J., Tan, H. C., Wang, C. T., Wu, W. C., Wang, L. Y., & Shen, Y. C. (2018). Difference in cognitive flexibility between passive and active suicidal ideation in patients with depression. https://www.jneuropsychiatry.org/peer-review/difference-in-cognitive-flexibility-between-passive-and-active-suicidal-ideation-in-patients-with-depression.pdf

Lamis, D. A., & Lester, D. (2013). Gender differences in risk and protective factors for suicidal ideation among college students. Journal of College Student Psychotherapy, 27(1), 62-77. https://www.tandfonline.com/doi/pdf/10.1080/87568225.2013.739035

Larson, D. G., & Chastain, R. L. (1990). Self-concealment: Conceptualization, measurement, and health implications. *Journal of Social and Clinical Psychology*, *9*(4), 439-455. http://0-dx.doi.org.innopac.wits.ac.za/10.1521/jscp.1990.9.4.439

Larson, D. G., Chastain, R. L., Hoyt, W. T., & Ayzenberg, R. (2015). Self-concealment: Integrative review and working model. *Journal of Social and Clinical Psychology*, *34*(8), 705-e774. http://0-dx.doi.org.innopac.wits.ac.za/10.1521/jscp.2015.34.8.705

Lee, H. S., Kim, S., Choi, I., & Lee, K. U. (2008). Prevalence and risk factors associated with suicide ideation and attempts in Korean college students. *Psychiatry investigation*, *5*(2), *86-93.* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2796021/pdf/pi-5-86.pdf

Levine, H. (2008). Suicide and its impact on campus. *New directions for student services*, *2008*(121), 63-76. https://0-onlinelibrary-wiley-com.innopac.wits.ac.za/doi/epdf/10.1002/ss.267

Liao, K. Y. H., & Wei, M. (2014). Academic stress and positive affect: Asian value and self-worth contingency as moderators among Chinese international students. *Cultural Diversity and Ethnic Minority Psychology, 20(1), 107-115.* https://www.researchgate.net/profile/Kelly_Liao/publication/260089638_Academic_Stress_a

nd_Positive_Affect_Asian_Value_and_Self-Worth_Contingency_as_Moderators_Among_Chinese_International_Students/links/555f4bb208ae8c0cab30af40.pdf

Mabasa, N., (2018, October 28). *Suicide on campus: Spate of deaths raises alarm. DailyMaverick.* https://www.dailymaverick.co.za/article/2018-10-28-suicide-on-campus-spate-of-deaths-raises-alarm/

MacLeod, K. B., & Brownlie, E. B. (2014). Mental health and transitions from adolescence to emerging adulthood: developmental and diversity considerations. Canadian Journal of Community Mental Health, 33(1), 77-86. https://eds.s.ebscohost.com/eds/pdfviewer/pdfviewer?vid=0&sid=5087c217-1859-4e0d-a326-bb50e540db49%40redis

Macnaghten, P., & Myers, G. (2006). Focus groups: The moderators view and the analyst's view. In C. Seale, G. Gambo, J.F. Gubrium, & D. Silverman (Eds.), *Qualitative research practice* (pp.65-79). Sage.

Madge, N., Hewitt, A., Hawton, K., Wilde, E. J. D., Corcoran, P., Fekete, S., ... & Ystgaard, M. (2008). Deliberate self-harm within an international community sample of young people: comparative findings from the Child & Adolescent Self-harm in Europe (CASE) Study. Journal of child Psychology and Psychiatry, 49(6), 667-677. https://acamh.onlinelibrary.wiley.com/doi/pdfdirect/10.1111/j.1469-7610.2008.01879.x

Maestas, R., Vaquera, G. S., & Zehr, L. M. (2007). Factors impacting sense of belonging at a Hispanic-serving institution. *Journal of Hispanic Higher Education*, *6*(3), 237-256. https://0-journals-sagepub-com.innopac.wits.ac.za/doi/pdf/10.1177/1538192707302801

Malhi, G. S., Bargh, D. M., Kuiper, S., Coulston, C. M., & Das, P. (2013). Modeling bipolar disorder suicidality. *Bipolar disorders*, *15*(5), 559-574. https://0-onlinelibrary-wiley-com.innopac.wits.ac.za/doi/epdf/10.1111/bdi.12093

Mamun, M. A., Siddique, A. B., Sikder, M. T., & Griffiths, M. D. (2020). Student suicide risk and gender: a retrospective study from Bangladeshi press reports. *International Journal of Mental Health and Addiction*. https://0-www-sciencedirect-com.innopac.wits.ac.za/science/article/pii/S1876201819313607

Maritz, J., & Jooste, K. (2011). Debriefing interviews and coaching conversations: Strategies to promote student reflexivity and action. *South African Journal of Higher Education*, *25*(5), 972-986.

Mars, B., Burrows, S., Hjelmeland, H., & Gunnell, D. (2014). Suicidal behaviour across the African continent: a review of the literature. *BMC public health*, *14*(1), 1-14. https://0-link-springer-com.innopac.wits.ac.za/content/pdf/10.1186/1471-2458-14-606.pdf

Masuda, A., & Boone, M. S. (2011). Mental health stigma, self-concealment, and help-seeking attitudes among Asian American and European American college students with no help-seeking experience. *International Journal for the Advancement of Counselling, 33(4), 266-279.*

Masuda, A., Anderson, P. L., Wendell, J. W., Chou, Y. Y., Price, M., & Feinstein, A. B. (2011). Psychological flexibility mediates the relations between self-concealment and negative psychological outcomes. *Personality and Individual Differences*, *50*(2), 243-247. https://scholarworks.gsu.edu/cgi/viewcontent.cgi?article=1092&context=psych_facpub

McClelland, H., Evans, J. J., Nowland, R., Ferguson, E., & O'Connor, R. C. (2020). Loneliness as a predictor of suicidal ideation and behaviour: a systematic review and meta-analysis of prospective studies. *Journal of affective disorders*, *274*, 880-896. https://0-www-sciencedirect-com.innopac.wits.ac.za/science/article/pii/S0165032719329726

McGillivray, C. J., & Pidgeon, A. M. (2015). Resilience attributes among university students: a comparative study of psychological distress, sleep disturbances and mindfulness. European Scientific Journal, 11(5),33-48. https://core.ac.uk/download/pdf/236409719.pdf

McGuirk, P. M., & O'Neill, P. (2016). Using questionnaires in qualitative human geography. Using questionnaires in qualitative human geography (uow.edu.au)

Mendoza, H., Goodnight, B. L., Caporino, N. E., & Masuda, A. (2018). Psychological distress among Latina/o college students: The roles of self-concealment and psychological inflexibility. *Current Psychology*, *37*(1), 172-179. https://0-link-springer-com.innopac.wits.ac.za/content/pdf/10.1007/s12144-016-9500-9.pdf

Meissner, B., Bantjes, J., & Kagee, A. (2016). I would rather just go through with it than be called a wussy: An exploration of how a group of young South African men think and talk about suicide. *American journal of men's health*, *10*(4), 338-348. https://journals.sagepub.com/doi/pdf/10.1177/1557988314568183

Miranda, R., Gallagher, M., Bauchner, B., Vaysman, R., & Marroquín, B. (2012). Cognitive inflexibility as a prospective predictor of suicidal ideation among young adults with a suicide attempt history. *Depression and anxiety*, *29*(3), 180-186. https://0-onlinelibrary-wiley-com.innopac.wits.ac.za/doi/epdf/10.1002/da.20915

Miranda, R., Valderrama, J., Tsypes, A., Gadol, E., & Gallagher, M. (2013). Cognitive inflexibility and suicidal ideation: Mediating role of brooding and hopelessness. *Psychiatry research*, *210*(1), 174-181. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6003697/pdf/nihms972989.pdf

Möller-Leimkühler, A. M. (2003). The gender gap in suicide and premature death or: why are men so vulnerable?. *European archives of psychiatry and clinical neuroscience*, *253*(1), 1-8. https://0-link-springer-com.innopac.wits.ac.za/content/pdf/10.1007/s00406-003-0397-6.pdf

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of counseling psychology*, *52*(2), 250-260. https://d1wqtxts1xzle7.cloudfront.net/31146028/quality__trustworthiness_2005-with-cover-page-v2.pdf?Expires=1633049985&Signature=BbrRoo-VYZX~jVlycX3QtN8giVHOf1nbioa~c5eP-293sQnkSotexicVqiHPdZw10pF1m~9g58~lQQPrS1W5tzDVMD58q5Cc2K2OXPlyhZ86MVXChThYCxaLLNByWZuF1e9uu3qGNc3J6JHnNb~8n~XnN5Ptn1HMSd5ElIHwUvkQMCuyAM7tvZ4wi3SzMcwj1HMSdYHI6amvlH4oTrf1VXIdK9gQeojFCdBBnt9cDEE8MYJqZCX0d5-pIQ9QtLQqtLmg5cwftWDK1OtQpXOv9XKrQO3~8A0zTAhCvFjazTenhhc1gfscw4YUeICuxDsaddQpZ5Dbm9Cu8EKCmHBBSw__&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA

Mortier, P., Cuijpers, P., Kiekens, G., Auerbach, R. P., Demyttenaere, K., Green, J. G., ... & Bruffaerts, R. (2018). The prevalence of suicidal thoughts and behaviours among college students: a meta-analysis. *Psychological medicine*, *48*(4), 554-565. https://nocklab.fas.harvard.edu/files/nocklab/files/28805169-mortier-2018.pdf

Much, K., & Swanson, A. L. (2010). The debate about increasing college student psychopathology: Are college students really getting "sicker?". *Journal of College Student Psychotherapy*, *24*(2), 86-97. https://0-www-tandfonline-com.innopac.wits.ac.za/doi/pdf/10.1080/87568220903558570?needAccess=true

Muehlenkamp, J. J., Claes, L., Havertape, L., & Plener, P. L. (2012). International prevalence of adolescent non-suicidal self-injury and deliberate self-harm. *Child and adolescent psychiatry and mental health*, *6*(1), 1-9. https://capmh.biomedcentral.com/articles/10.1186/1753-2000-6-10

Muehlenkamo, J. (2014). Distinguishing between Suicidal and Non-Suicidal Self-Injury. In K. Nock (Ed.), *The Oxford handbook of suicide and self-injury* (pp.23-46). Oxford University press.

Muthanna, A., & Alduais, A. (2021). A Thematic Review on Research Integrity and Research Supervision: Relationships, Crises and Critical Messages. *Journal of Academic Ethics*, *19*(1), 95-113. https://0-link-springer-com.innopac.wits.ac.za/content/pdf/10.1007/s10805-020-09368-z.pdf

Ndahepele, M. R., Daniels, E. R., Nabasenja, C., & Damases-Kasi, C. N. (2018). Factors contributing to stress among radiography and nursing students at University of Namibia. *South African Radiographer*, *56*(1), 20-25. https://0-journals-co-za.innopac.wits.ac.za/doi/pdf/10.10520/EJC-ed580408c

Needham, B. L., & Austin, E. L. (2010). Sexual orientation, parental support, and health during the transition to young adulthood. Journal of youth and adolescence, 39(10), 1189-1198. https://link.springer.com/content/pdf/10.1007/s10964-010-9533-6.pdf

Nock, M. K. (2010). Self-injury. *Annual review of clinical psychology*, *6*, 339-363. https://nocklab.fas.harvard.edu/files/nocklab/files/nock_2010_self-injury_arcp_0.pdf

Obegi, J. H. (2021). How common is recent denial of suicidal ideation among ideators, attempters, and suicide decedents? A literature review. *General hospital psychiatry*, *72*, 92-95. https://0-www-sciencedirect-com.innopac.wits.ac.za/science/article/pii/S0163834321001080

Oberholzer, S., (2018, September 28*). Another student suicide shines spotlight on mental health support at Wits. Wits Vuvuzela.* https://witsvuvuzela.com/2018/09/28/another-student-suicide-shines-spotlight-on-mental-health-support-at-wits/

O. Nyumba, T., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*, *9*(1), 20-32. https://besjournals.onlinelibrary.wiley.com/doi/pdf/10.1111/2041-210X.12860

Osafo, J., Hjelmeland, H., Akotia, C. S., & Knizek, B. L. (2011). The meanings of suicidal behaviour to psychology students in Ghana: A qualitative approach. Transcultural psychiatry, 48(5), 643-659. https://0-journals-sagepub-com.innopac.wits.ac.za/doi/pdf/10.1177/1363461511417319

Osafo, J. (2016). Seeking paths for collaboration between religious leaders and mental health professionals in Ghana. *Pastoral Psychology*, *65*(4), 493-508. https://0-link-springer-com.innopac.wits.ac.za/content/pdf/10.1007%2Fs11089-016-0703-7.pdf

Owusu-Ansah, F. E., Addae, A. A., Peasah, B. O., Oppong Asante, K., & Osafo, J. (2020). Suicide among university students: prevalence, risks and protective factors. *Health psychology and*

behavioral medicine, *8*(1), 220-233. https://www.tandfonline.com/doi/pdf/10.1080/21642850.2020.1766978

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and policy in mental health and mental health services research*, *42*(5), 533-544. https://0-link-springer-com.innopac.wits.ac.za/content/pdf/10.1007/s10488-013-0528-y.pdf

Parrish, M., & Tunkle, J. (2005). Clinical challenges following an adolescent's death by suicide: Bereavement issues faced by family, friends, schools, and clinicians. *Clinical Social Work Journal*, *33*(1), 81-102. https://0-link-springer-com.innopac.wits.ac.za/content/pdf/10.1007/s10615-005-2621-5.pdf

Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College students: mental health problems and treatment considerations. Academic psychiatry, 39(5), 503-511. https://link.springer.com/content/pdf/10.1007/s40596-014-0205-9.pdf

Pereira, A. S., Willhelm, A. R., Koller, S. H., & Almeida, R. M. M. D. (2018). Risk and protective factors for suicide attempt in emerging adulthood. Ciencia & saude coletiva, 23, 3767-3777. https://www.scielo.br/j/csc/a/GnVdNw8QX4cMkQVdqSDR45R/?format=pdf&lang=en

Pijoos, I., (2019, May 2). *Rhodes university to hold an anti-depression intervention following death of student. TimesLive.* https://www.timeslive.co.za/news/south-africa/2019-05-02-rhodes-university-to-hold-anti-depression-intervention-following-death-of-student/

Pillay, J. (2021). Suicidal behaviour among university students: a systematic review. *South African Journal of Psychology*, *51*(1), 54-66. https://0-journals-co-za.innopac.wits.ac.za/doi/epdf/10.1177/0081246321992177

Ploskonka, R. A. (2016). *The Interpersonal Psychological Theory of Suicide: Suicidal Ideation and Behaviors of Lesbian, Gay, and Bisexual College Students and Their Heterosexual Peers [*Doctoral dissertation, Purdue University]. Open access dissertations. https://docs.lib.purdue.edu/cgi/viewcontent.cgi?article=2444&context=open_access_dissertations

Posner, K., Brodsky, B., Yershova, K., Buchanan, J., & Mann, J. (2014). The classification of suicidal behavior. In M.K. Nock (Ed.), *The Oxford handbook of suicide and self-injury* (pp. 7-22). Oxford University Press.

Prince, J. P. (2015). University student counseling and mental health in the United States: Trends and challenges. *Mental Health & Prevention*, *3*(1-2), 5-10. https://0-www-sciencedirect-com.innopac.wits.ac.za/science/article/pii/S2212657015000033

Purcell, K., & Elias, P. (2010). The impact of paid and unpaid work and of student debt on experience of higher education. Higher Education Careers Services Unit. *https://warwick.ac.uk/fac/soc/ier/futuretrack/findings/ft3.1_wp3_paid_work_and_debt.pdf*

Purdie,John R.,,II. (2007). *Examining the academic performance and retention of first-year students in living-learning communities, freshmen interest groups and first year experience courses* (Order No. 3322736). Available from ProQuest Dissertations & Theses Global. (304841776). https://www.proquest.com/dissertations-theses/examining-academic-performance-retention-first/docview/304841776/se-2?accountid=15083

Qu, S. Q., & Dumay, J. (2011). The qualitative research interview. *Qualitative research in accounting & management*, 8(3), 238-264.

Quadlin, N. Y., & Rudel, D. (2015). Responsibility or liability? Student loan debt and time use in college. *Social Forces*, *94*(2), 589-614. https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.853.6040&rep=rep1&type=pdf

Rabionet, S. E. (2011). How I learned to design and conduct semi-structured interviews: an ongoing and continuous journey. *Qualitative Report*, *16*(2), 563-566. Personal, Thorough, and Accessible: A Review of Carla Willig's Introducing Qualitative Research in Psychology (ed.gov)

Reid, A. M., Brown, J. M., Smith, J. M., Cope, A. C., & Jamieson, S. (2018). Ethical dilemmas and reflexivity in qualitative research. *Perspectives on medical education*, *7*(2), 69-75. https://link.springer.com/article/10.1007/s40037-018-0412-2

Reid, M., Jessop, D. C., & Miles, E. (2020). Explaining the negative impact of financial concern on undergraduates' academic outcomes: Evidence for stress and belonging as mediators. *Journal of further and higher education*, *44*(9), 1157-1187. https://0-www-tandfonline-com.innopac.wits.ac.za/doi/pdf/10.1080/0309877X.2019.1664732?needAccess=true

https://0-link-springer-com.innopac.wits.ac.za/content/pdf/10.1007%2Fs10597-016-0052-0.pdfRehm, J., & Shield, K. D. (2019). Global burden of disease and the impact of mental and addictive disorders. *Current psychiatry reports*, *21*(2), 1-7. https://link.springer.com/content/pdf/10.1007/s11920-019-0997-0.pdf

Rentería, R., Benjet, C., Gutierrez-Garcia, R. A., Ramírez, A. Á., Albor, Y., Borges, G., ... & Mortier, P. (2021). Suicide thought and behaviors, non-suicidal self-injury, and perceived life

stress among sexual minority Mexican college students. Journal of affective disorders, 281, 891-898. https://reader.elsevier.com/reader/sd/pii/S0165032720329682?token=BBA69528825765EC79016D5E664A9BA3D7884183249299E17A9D6532A0F6B74A80149A757AFCFC46F2B796427903EF4A&originRegion=eu-west-1&originCreation=20220314130730

Richardson, T., Elliott, P., Roberts, R., & Jansen, M. (2017). A longitudinal study of financial difficulties and mental health in a national sample of British undergraduate students. Community mental health journal, 53(3), 344-352. https://0-link-springer-com.innopac.wits.ac.za/content/pdf/10.1007%2Fs10597-016-0052-0.pdf

Rudd, M. D., Berman, A. L., Joiner Jr, T. E., Nock, M. K., Silverman, M. M., Mandrusiak, M., Van Orden, K., & Witte, T. (2006). Warning signs for suicide: Theory, research, and clinical applications. Suicide and Life-Threatening Behavior, 36(3), 255-262. https://onlinelibrary.wiley.com/doi/pdf/10.1521/suli.2006.36.3.255

Rutter, P. A., Freedenthal, S., & Osman, A. (2008). Assessing protection from suicidal risk: Psychometric properties of the suicide resilience inventory. Death Studies, 32(2), 142-153. https://www.tandfonline.com/doi/pdf/10.1080/07481180701801295

Sagoe, D. (2012). Precincts and prospects in the use of focus groups in social and behavioral science research. Qualitative Report, 17, 1-16. https://files.eric.ed.gov/fulltext/EJ974852.pdf

Saint Arnault, D. (2009). Cultural determinants of help seeking: A model for research and practice. *Research and theory for nursing practice*, *23*(4), 259-278. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2796597/pdf/nihms27022.pdf

Schlebusch, L. (2012). Suicide prevention: A proposed national strategy for South Africa. *African Journal of Psychiatry*, *15*(6), 436-440. https://www.ajol.info/index.php/ajpsy/article/view/83485

Schwartz, A. J. (2006a). College student suicide in the United States: 1990-1991 through 2003-2004. *Journal of American College Health*, *54*(6), 341-352. https://www.proquest.com/docview/213065853/fulltextPDF/2B87E1E397C445DAPQ/1?accountid=15083

Schwartz, A. J. (2006b). Are college students more disturbed today? Stability in the acuity and qualitative character of psychopathology of college counseling center clients: 1992-1993 through 2001-2002. *Journal of American College Health*, *54*(6), 327-337. https://www.proquest.com/pagepdf/213033366/fulltextPDF/BD34C54C1CD84A86PQ/1?accountid=15083

Schwartz, A. J. (2011). Rate, relative risk, and method of suicide by students at 4-year colleges and universities in the United States, 2004–2005 through 2008–2009. *Suicide and Life-Threatening Behavior*, *41*(4), 353-371. https://0-onlinelibrary-wiley-com.innopac.wits.ac.za/doi/epdf/10.1111/j.1943-278X.2011.00034.x

Scotland, J. (2012). Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English language teaching*, *5*(9), 9-16. https://files.eric.ed.gov/fulltext/EJ1080001.pdf

September, J. (2018, October 29). *Campus suicide: Universities need to find ways to assist students who are passive in seeking help. Daily Maverick.*

https://www.dailymaverick.co.za/opinionista/2018-10-29-campus-suicide-universities-need-to-find-ways-to-assist-students-who-are-passive-in-seeking-help/

Shadick, R., Dagirmanjian, F. B., & Barbot, B. (2015). Suicide risk among college student. Crisis. https://psycnet.apa.org/fulltext/2015-55892-005.pdf

Sheehan, L., Oexle, N., Armas, S. A., Wan, H. T., Bushman, M., Glover, L., & Lewy, S. A. (2019). Benefits and risks of suicide disclosure. *Social Science & Medicine*, *223*, 16-23. https://0-www-sciencedirect-com.innopac.wits.ac.za/science/article/pii/S0277953619300231

Shneidman, E. S. (1993). *Suicide as psychache: A clinical approach to self-destructive behavior*. Rowman & Littlefield.

Shneidman, E. S. (1998). The suicidal mind. Oxford University Press, USA.

Silverman, M. M. (2008). Campus security begins with caring. *The Chronicle of Higher Education, 54*(32) https://www.proquest.com/trade-journals/campus-security-begins-with-caring/docview/214661435/se-2?accountid=15083

Silva, C., Chu, C., Monahan, K. R., & Joiner, T. E. (2015). Suicide risk among sexual minority college students: A mediated moderation model of sex and perceived burdensomeness. Psychology of sexual orientation and gender diversity, 2(1), 22. https://0-psycnet-apa-org.innopac.wits.ac.za/fulltext/2014-56439-001.pdf

Silverschanz, P., Cortina, L. M., Konik, J., & Magley, V. J. (2008). Slurs, snubs, and queer jokes: Incidence and impact of heterosexist harassment in academia. *Sex Roles, 58*(3), 179-191. https://0-link-springer-com.innopac.wits.ac.za/content/pdf/10.1007/s11199-007-9329-7.pdf

Silverman, M. M., Berman, A. L., Sanddal, N. D., O'carroll, P. W., & Joiner Jr, T. E. (2007). Rebuilding the tower of Babel: a revised nomenclature for the study of suicide and suicidal behaviors. Part 2: Suicide-related ideations, communications, and behaviors. Suicide and Life-Threatening Behavior, 37(3), 264-277. https://onlinelibrary.wiley.com/doi/pdf/10.1521/suli.2007.37.3.264

Smith, P. N., Cukrowicz, K. C., Poindexter, E. K., Hobson, V., & Cohen, L. M. (2010). The acquired capability for suicide: A comparison of suicide attempters, suicide ideators, and non-suicidal controls. Depression and anxiety, 27(9), 871-877. https://onlinelibrary.wiley.com/doi/pdf/10.1002/da.20701

Smith, C. P., Cunningham, S. A., & Freyd, J. J. (2016). Sexual violence, institutional betrayal, and psychological outcomes for LGB college students. *Translational Issues in Psychological Science, 2*(4), *351-360.*

Smithson, J. (2008). *Data collection and field work: Focus groups.* In P. Aluustari, L. Bickman, & J. Brannen (Eds.), The SAGE handbook of social research methods (pp. 357-370). Sage.

South African Depression and Anxiety Group. (n.d.). *Are More Suicide In Universities To Be Expected This Year.* https://www.sadag.org/index.php?option=com_content&view=article&id=744:are-more-suicide-in-universities-to-be-expected-this-year&catid=92&Itemid=154

Spates, K. (2019). “We Have Closed Our Eyes and Sealed Our Lips”: Black Women’s Accounts of Discussing Suicide within the Black Community. *Sociological Focus, 52*(1), 34-49. https://0-www-tandfonline-com.innopac.wits.ac.za/doi/pdf/10.1080/00380237.2018.1484229?needAccess=true

Stallman, H. M. (2010). Psychological distress in university students: A comparison with general population data. Australian psychologist, 45(4), 249-257. https://0-aps-onlinelibrary-wiley-com.innopac.wits.ac.za/doi/epdf/10.1080/00050067.2010.482109

Stephenson, J. H., Belesis, M. P., & Balliet, W. E. (2005). Variability in college student suicide: Age, gender, and race. *Journal of college student psychotherapy*, *19*(4), 5-33. https://0-www-tandfonline-com.innopac.wits.ac.za/doi/pdf/10.1300/J035v19n04_02?needAccess=true

Strepparava, M. G., Bani, M., Zorzi, F., Corrias, D., Dolce, R., & Rezzonico, G. (2016). Cognitive counselling intervention: Treatment effectiveness in an Italian university centre. *British journal of guidance & counselling*, *44*(4), 423-433. https://0-www-tandfonline-com.innopac.wits.ac.za/doi/pdf/10.1080/03069885.2015.1110561?needAccess=true

Stuart-Maver, S. L., Foley Nicpon, M., Stuart-Maver, C. I., & Mahatmya, D. (2021). Trends and disparities in suicidal behaviors for heterosexual and sexual minority youth 1995–2017. *Psychology of Sexual Orientation and Gender Diversity*.

Sveticic, J., & De Leo, D. (2012). The hypothesis of a continuum in suicidality: A discussion on its validity and practical implications. Mental Illness, 4(2), 73-78. http://dx.doi.org/10.4081/mi.2012.e15

Thornberg, R., & Charmaz, K. (2013). Grounded Theory and Theoretical Coding. In U. Flick (Ed.), *The Sage Handbook of Qualitative Data Analysis* (pp. 153-169). Sage.

Trede, F., Higgs, J. (2009). Framing research questions and writing philosophy: The role of framing research questions. In J. Higgs, D. Horsfall & S. Grace (Eds.), *Writing qualitative research on practice* (pp. 13-26). Sense Publishers.

Turecki, G., Brent, D. A., Gunnell, D., O'Connor, R. C., Oquendo, M. A., Pirkis, J., & Stanley, B. H. (2019). Suicide and suicide risk. *Nature reviews Disease primers, 5*(1), 1-22. https://eprints.gla.ac.uk/195722/1/195722.pdf

Uysal, A., Lee Lin, H., & Raymond Knee, C. (2010). The role of need satisfaction in self-concealment and well-being. Personality and social psychology bulletin, 36(2), 187-199. http://sdtheory.s3.amazonaws.com/SDT/documents/2010_UysalLinKnee_PSPB.pdf

Uysal, A. (2020). Motivational differences and similarities between concealment and disclosure processes. *Current opinion in psychology*,*31*, 122-126. https://0-www-sciencedirect-com.innopac.wits.ac.za/science/article/pii/S2352250X19301344

Van Breda, A. (2017). Students are humans too: Psychosocial vulnerability of first-year students at the University of Johannesburg. *South African Journal of Higher Education*, *31*(5), 246-262. https://0-journals-co-za.innopac.wits.ac.za/doi/pdf/10.28535/31-5-1567

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner Jr, T. E. (2010). *The interpersonal theory of suicide. Psychological review, 117(2),* 575-600. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3130348/

Van Niekerk, L., Scribante, L., & Raubenheimer, P. J. (2012). Suicidal ideation and attempt among South African medical students. *SAMJ: South African Medical Journal*, 102(6), 372-373.

Verrocchio, M. C., Carrozzino, D., Marchetti, D., Andreasson, K., Fulcheri, M., & Bech, P. (2016). Mental pain and suicide: a systematic review of the literature. *Frontiers in psychiatry,* 1-14. https://www.frontiersin.org/articles/10.3389/fpsyt.2016.00108/full

Vidourek, R. A., King, K. A., Nabors, L. A., & Merianos, A. L. (2014). Students' benefits and barriers to mental health help-seeking. *Health Psychology and Behavioral Medicine: An*

Open Access Journal, *2*(1), 1009-1022. https://www.tandfonline.com/doi/pdf/10.1080/21642850.2014.963586?needAccess=true

Wanyoike, B. W. (2015). Suicide among university students in Kenya: causes, implications and interventions. *Journal of Language, Technology & Entrepreneurship in Africa*, *6*(1), 35-53.

Watson, C., Ventriglio, A., & Bhugra, D. (2020). A narrative review of suicide and suicidal behavior in medical students. *Indian journal of psychiatry, 62(3),* 250-256.

Westefeld, J. S., Homaifar, B., Spotts, J., Furr, S., Range, L., & Werth, J. L. (2005). Perceptions concerning college student suicide: Data from four universities. *Suicide and Life-Threatening Behavior, 35(6),* 640-645. https://0-onlinelibrary-wiley-com.innopac.wits.ac.za/doi/epdf/10.1521/suli.2005.35.6.640

Westefeld, J. S., Button, C., Haley Jr, J. T., Kettmann, J. J., Macconnell, J., Sandil, R., & Tallman, B. (2006). College student suicide: A call to action. *Death Studies*, *30*(10), 931-956. https://0-www-tandfonline-com.innopac.wits.ac.za/doi/pdf/10.1080/07481180600887130?needAccess=true

Winkler, D. A. (2021). Reframing How Grading Affects and Shapes Students' Self-Worth in Christian Higher Education. *Christian Higher Education, 1-17.* https://0-www-tandfonline-com.innopac.wits.ac.za/doi/epub/10.1080/15363759.2021.1978904?needAccess=true

White, J., & Kral, M. J. (2014). Re-thinking youth suicide: Language, culture, and power. *Journal for Social Action in Counseling & Psychology*, *6*(1), 122-142. https://openjournals.bsu.edu/jsacp/article/view/373

Wilcox, H. C., Arria, A. M., Caldeira, K. M., Vincent, K. B., Pinchevsky, G. M., & O'Grady, K. E. (2010). Prevalence and predictors of persistent suicide ideation, plans, and attempts during

college. *Journal of affective disorders*, *127*(1-3), 287-294. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2924459/pdf/nihms197732.pdf

Wilson, C. J., & Deane, F. P. (2010). Help-negation and suicidal ideation: the role of depression, anxiety and hopelessness. *Journal of youth and adolescence*, *39*(3), 291-305. https://www.researchgate.net/profile/Coralie-Wilson/publication/40444185_Help-Negation_and_Suicidal_Ideation_The_Role_of_Depression_Anxiety_and_Hopelessness/links/0fcfd4fc544f304e37000000/Help-Negation-and-Suicidal-Ideation-The-Role-of-Depression-Anxiety-and-Hopelessness.pdf

Woodford, M. R., Kulick, A., Sinco, B. R., & Hong, J. S. (2014). Contemporary heterosexism on campus and psychological distress among LGBQ students: The mediating role of self-acceptance. American Journal of Orthopsychiatry, 84(5), 519. https://psycnet.apa.org/fulltext/2014-32637-001.pdf

Woodford, M. R., & Kulick, A. (2015). Academic and social integration on campus among sexual minority students: The impacts of psychological and experiential campus climate. *American journal of community psychology*, *55*(1), 13-24. https://0-link-springer-com.innopac.wits.ac.za/content/pdf/10.1007/s10464-014-9683-x.pdf

Woodford, M. R., Kulick, A., Garvey, J. C., Sinco, B. R., & Hong, J. S. (2018). LGBTQ policies and resources on campus and the experiences and psychological well-being of sexual minority college students: Advancing research on structural inclusion. Psychology of Sexual Orientation and Gender Diversity, 5(4), 445. https://0-www-proquest-com.innopac.wits.ac.za/docview/2156091359/fulltextPDF/9F9DD90B2F6641E8PQ/1?accountid=15083

World Health Organisation (n.d). *Suicide prevention.* *https://www.who.int/health-topics/suicide#tab=tab_1*

Yakunina, E. S., Rogers, J. R., Waehler, C. A., & Werth, J. L. (2010). College Students' Intentions to Seek Help for Suicidal Ideation: Accounting for the Help-Negation Effect. *Suicide & Life-Threatening Behavior, 40(5), 438-50.* https://onlinelibrary.wiley.com/doi/pdf/10.1521/suli.2010.40.5.438

Zafeiriou, M.E. (2017). *A grounded theory study of educational psychologists' mental health casework in schools* [Doctoral dissertation, Nottingham University]. University of Nottingham repository. http://eprints.nottingham.ac.uk/45423/1/Maria%20Evrydiki%20Zafeiriou%20Thesis%20Final%20pdf.pdf

Appendices

Appendix A: Human Research Ethics (Non-Medical) Certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: MASPR/19/005 IH**
PROJECT TITLE:	How undergraduate students at the University of Witwatersrand make meaning of the non-disclosure of suicidal ideation
INVESTIGATORS	Mboweni Ntwanano
DEPARTMENT	Psychology
DATE CONSIDERED	12/06/19
DECISION OF COMMITTEE*	Approved

This ethical clearance is valid for 2 years and may be renewed upon application

DATE: 12 June 2019

CHAIRPERSON _____
(Prof. Tanya Graham)

cc Supervisor: Dr Vinitha Jithoo
Psychology

DECLARATION OF INVESTIGATOR (S)

To be completed in duplicate and **one copy** returned to the Secretary, Room 100015, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure, as approved, I/we undertake to submit a revised protocol to the Committee.

This ethical clearance will expire on 31 December 2021

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Appendix B: Participant Information Sheet



School of Human and Community Development

Private Bag 3, wits 2050, Johannesburg, South Africa

Tel: (011) 717-4500 Fax: (011) 717-4559

Hi

My name is Ntwanano Mboweni. I am currently doing my Master's degree in Social and Psychological Research at the University of the Witwatersrand. In partial fulfilment of the requirement for the Master's degree I am required to conduct research. The research explores students' perceptions about suicidal thoughts and some of reasons why students sometimes do not share suicidal thoughts with people who could potentially help.

I would like to invite you to participate in my study. Participation is voluntary and will involve a focus group session of approximately 1-1$\frac{1}{2}$ hours.

All information will be treated respectfully. The focus group sessions will be the-recorded once consent is given, only my supervisor and I will have access to the tape recording. The recording, and the transcripts will be stored and kept in a password protected digital format with all identifying markers removed. Please note that consent to be in the focus group discussions means that you are giving permission for the data to be used in the current research study. You are free to answer only the questions you feel comfortable to answer. You can withdraw at any time during the focus group sessions with no consequence. There are no benefits or risks associated with participation. Your anonymity will be ensured in that no identifying

information about you will be revealed in my research report write-up. You will be referred to by a pseudonym, e.g. participant a or participant B.

If you have any further queries, please feel free to contact me or my research supervisor, Dr. Vinitha. The contact details appear in the signature below. Thank you for taking the time to read this. Your Participation will be highly appreciated.

The following are a list of toll-free lines available to offer free and confidential support.

- Wits Student Crisis Line contact: 0800 111 331
- The South African Depression and Anxiety Group (SADAG) suicide emergency contact: 0800 576 567
- Akeso Psychiatric Response Unit 24 Hour contact: 0861 435 787
- Free Counselling services are available at the Career Counselling and Development Unit (CCDU) on the Wits university main campus.

Kind Regards

Researcher: Ntwanano Mboweni

Cell: 0824635257

Email: 730473@students.wits.ac.za

Research Supervisor: Dr. Vinitha Jithoo

Email: vinitha.jithoo@wits.ac.za

Appendix C: Consent Form (Focus Group)

I,_____ hereby consent to be a part of the focus group session, facilitated by Ntwanano Mboweni in requirements for her research.

I understand that:

- Participation is completely voluntary
- I may withdraw from the focus group session at any time for whatever reason.
- I may refrain from answering any questions
- There are no risks or benefits associated with this study
- The information provided will kept and dealt with on a confidential manner.
- No information that can identify me will be included in the essay write-up
- The use of direct quotations from the interview may be used in the essay write-up but it will not be possible to identify me from the quotes as pseudonyms (Participant a, Participant B, etc.) will be used
- I am aware that the results of write-up will be reported in the form of a research report for the partial completion of the degree.

Signature_____

Date_____

Appendix D: Consent Form (Recording)

I _____ give my consent for the focus group session with Ntwanano Mboweni to be recorded.

I understand that:

- The recordings will be confidential and only Ntwanano and her supervisor will have access to them.
- Throughout the essay write-up, I will be referred to by a pseudonym and no identifying information will be revealed.

Signature_____

Date_____

Appendix E: Demographic Questionnaire



School of Human and Community Development
Private Bag 3, wits 2050, Johannesburg, South Africa
Tel: (011) 717-4500 Fax: (011) 717-4559

Please note that you are free to fill in the information that you are most comfortable with.

There are no negative or beneficial consequences associated with participating in the study.

All information provided will be strictly confidential.

Age: _____

Gender:

Race:

Ethnicity: _____

Degree: _____

Religion: _____

Social Economic Status:_____

Medical Aid:____Yes / No_____

Sexual Orientation: _____

Place of Origin: _____

Have you ever sought mental health services? _____

Where did you seek mental health services? _____

Appendix F: Focus Group Schedule

School of Human and Community Development

Private Bag 3, wits 2050, Johannesburg, South Africa

Tel: (011) 717-4500 Fax: (011) 717-4559

Questions (Used in all groups):

As a student how do you deal or cope with academic challenges?

As a student how do you cope with emotional and psychological challenges? Prompt: Who do you go to for help? How do they assist you?

What do you know about the counselling services offered by the university?

What comes to mind when you hear that 'a student died of suicide?'

Why do you think a student would commit suicide?

Imagine if you were struggling with suicidal thoughts, would you tell anyone? Why or Why not?

Why do think that somebody else (not you) would not tell anyone about their suicidal thoughts?

Do you think that it is possible to get somebody to be open about their suicidal thoughts?

Prompt: How could one go about encouraging self-disclosure?

Would you like to add anything else to the discussion?

Appendix G: Interview Questionnaire



School of Human and Community Development

Private Bag 3, wits 2050, Johannesburg, South Africa

Tel: (011) 717-4500 Fax: (011) 717-4559

Hi

My name is Ntwanano Mboweni. I am currently doing my master's degree in Social and Psychological Research at the University of the Witwatersrand. In partial fulfilment of the requirement for the master's degree I am required to conduct research. The research explores students' perceptions about suicidal thoughts and some of reasons why students sometimes do not share suicidal thoughts with people who could potentially help. By participating you will be assisting us understand this sensitive issue and develop more appropriate age relevant strategies to deal with young adults experiencing difficulties in their lives. Please write a paragraph or more on the 2 questions below. All information will be treated with respect and confidentially.

Notice

By answering the above questions, you automatically consent to the use of the responses in my research report.

Your anonymity will be ensured in that no identifying information about you will be revealed in my research report write-up. You will be referred to by a pseudonym, e.g. participant A or participant B.

Please indicate the question you are answering.

If you have any further queries, please feel free to contact me or my research supervisor, Dr. Vinitha. The contact details appear in the signature below. Thank you for taking the time to read this. Your Participation will be highly appreciated. Please email your responses back to Ntwanano, my email appears below.

Please return within 5 days of receiving the task.

The following are a list of toll-free lines available to offer free and confidential support.

- Wits Student Crisis Line contact: 0800 111 331
- The South African Depression and Anxiety Group (SADAG) suicide emergency contact: 0800 576 567
- Akeso Psychiatric Response Unit 24 Hour contact: 0861 435 787
- Free Counselling services are available at the Career Counselling and Development Unit (CCDU) on the Wits university main campus.

Kind Regards

Researcher: Ntwanano Mboweni

Cell: 0824635257

Email: 730473@students.wits.ac.za

Research Supervisor: Dr. Vinitha Jithoo

Email: vinitha.jithoo@wits.ac.za

Appendix H:Turnitin report

Turnitin Originality Report

Processed on: 14-Mar-2022 11:27 PM SAST
ID: 1784348543
Word Count: 25413
Submitted: 1

873461:730473_PlaigarismCheck.docx By Sherylene Ganesh

Similarity Index	Similarity by Source	
8%	Internet Sources:	4%
	Publications:	3%
	Student Papers:	3%

2% match (student papers from 13-Jun-2019)
Submitted to University of Witwatersrand on 2019-06-13

1% match (Internet from 15-Jul-2020)
https://repositories.lib.utexas.edu/bitstream/handle/2152/ETD-UT-2011-08-3756/BURTON-DENMARK-DISSERTATION.pdf?sequence=1

< 1% match (student papers from 01-Dec-2012)
Submitted to University of Witwatersrand on 2012-12-01

< 1% match (Internet from 20-Aug-2020)
https://www.tandfonline.com/doi/full/10.1080/13811118.2019.1658671

< 1% match (Internet from 10-Oct-2020)
https://www.tandfonline.com/doi/full/10.1080/19371918.2019.1635947

< 1% match (publications)
"Encyclopedia of Personality and Individual Differences", Springer Science and Business Media LLC, 2020

< 1% match (publications)
Carol Chu, Jennifer M. Buchman-Schmitt, Ian H. Stanley, Melanie A. Hom et al. "The interpersonal theory of suicide: A systematic review and meta-analysis of a decade of cross-national research.", Psychological Bulletin, 2017

< 1% match (publications)
"International Handbook of Suicide Prevention", Wiley, 2011

< 1% match (Internet from 10-Jan-2018)
https://issuu.com/hmpg/docs/sajch-1604

Appendix I: Student submission form

FACULTY OF HUMANITIES

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

STUDENT SUBMISSION OF RESEARCH– please submit an electronic copy of your research to Faculty for examination

Ntwanano Harnelly Charmain Mboweni

Candidate's full names

730473

Student number

How undergraduate students at the University of the Witwatersrand make meaning of non-disclosure of suicidal ideation.

Title of research

*Please note that if the title has changed from the previously approved title an amendment form must be completed before submission takes place.

I acknowledge that:

I hereby submit my research work (MA research report / MA dissertation / Doctor of Philosophy).

I have checked all of my manuscript and am satisfied that no pages are missing or poorly reproduced.

I declare that I have obtained an ethics protocol number from the Research Office, if my research used human subject, patient records, student data etc.

I confirm that my signed declaration is included in the research submission, in terms of rule G27.

I understand that I need to register as awaiting examiner with the Faculty Office on the day that I submit and that I will be charged tuition fees if I submit after the 15th of March 2022.

I understand that I may not graduate unless my University fees have been paid in full.

I understand that I may not submit my research for examination nor graduate if research ethics requirements have been breached.

Ethical Clearance:

Did your research involve animals, human subjects, or medical institutions (medical or non-medical)?

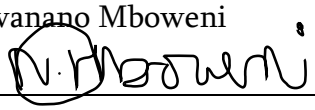
YES	NO
X	

If yes, provide the ethics clearance number:

MASPR /19/ 005 IH

Name of Supervisor: Dr. Vinitha Jithoo	Name of Supervisor

Student name and signature: Ntwanano Mboweni



Date:

15/03/2022

Appendix J: Supervisor consent form

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

FACULTY OF HUMANITIES

Ntwanano Harnelly Charmain Mboweni
A candidate for the programme (degree) of: MASPR

How undergraduate students at the University of the Witwatersrand make meaning of non-disclosure of suicidal ideation.
has today submitted his/her thesis titled

1. Has the work been submitted with the agreement of the supervisor? yes
2. Have any sections of the work been published in any form? no

If so, please provide details of these publications:

3. Is the candidate enrolled for the "PhD Including Publications" programme?

NO

4. Have you any comments about the supervision which might be of assistance or of interest to the Graduate Studies Committee? (if necessary, these may be attached)

NO

5. Have the internal and external examiners been nominated and available to examine?

YES

6. Have the internal and external examiners been appointed to examine by the nominations committee?

YES

7. Have you checked to see if the chosen examiner/s is/are available to examine during the period of submission?

YES

8. Have all coursework marks been submitted to the Faculty?

YES

9. Have you made the candidate aware of the University policy on plagiarism? (Please note that the University subscribes to plagiarism-detecting software which candidates may use to check submission-ready work.)

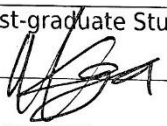
YES

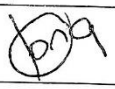
10. Has your student followed ethics protocols and obtained ethics clearance?

YES

If no, provide reasons:

Name of Supervisor: Dr. Vinitha Jithoo	Signature of Supervisor: 

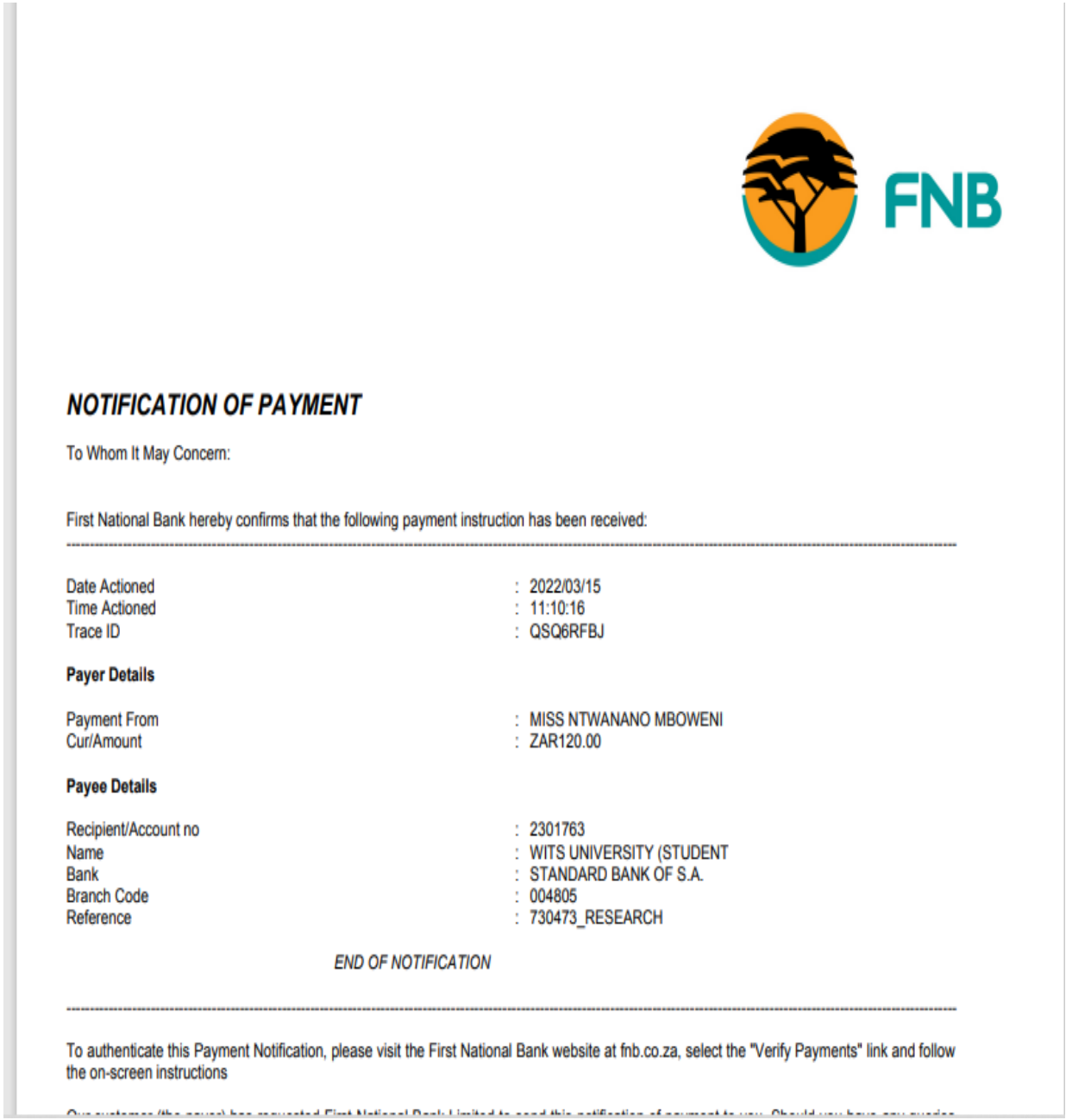
Signature of the School Post-graduate Studies Coordinator: 

Signature – Head of Discipline: 

Date:

15/03/2022

Appendix K: Proof of payment



NOTIFICATION OF PAYMENT

To Whom It May Concern:

First National Bank hereby confirms that the following payment instruction has been received:

Date Actioned	: 2022/03/15
Time Actioned	: 11:10:16
Trace ID	: QSQ6RFBJ

Payer Details

Payment From	: MISS NTWANANO MBOWENI
Cur/Amount	: ZAR120.00

Payee Details

Recipient/Account no	: 2301763
Name	: WITS UNIVERSITY (STUDENT
Bank	: STANDARD BANK OF S.A.
Branch Code	: 004805
Reference	: 730473_RESEARCH

END OF NOTIFICATION

To authenticate this Payment Notification, please visit the First National Bank website at fnb.co.za, select the "Verify Payments" link and follow the on-screen instructions